VR A15ME (5)

tems 18&21 Film 385 1-25 MCRYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1428	5	MEDI	CAL EXAMIN	ER'S	CERTIFICATE O	F DEATH	1.4	284
a. COUNTY MOD			MARYL	AND	- CTATE	Where deceased lived, if ins	CHINTY	before odmission) ntgomery
write RURAL a	(If outside carporate limits, and give nearest tawn)		LENGTH OF STAY IN	1 16		stride corporate limits, write	RURAL and give	
	offal OR INSTITUTION (If not gomery Gener		re street address)		d. STREET ADDRESS	Box 2846	79.7	e. IS RESIDENCE ON A FARM? YES NOSE
3. NAME OF DECEASED (Type or print)	Tyrone		Middle Elmer		Lost Addison		Month	Day Year 2 19 66
S. SEX Male	6. COLOR OR RACE Negro	7. MARRIED [NEVER MARRIED DIVORCED	X B	DATE OF BIRTH	9. AGE (In year last birthday	Months o	YEAR - IF UNDER 24 HR
during most of workin	ON (Give kind of work done in the life, even if refired)		D OF BUSINESS OR		11. BIRTHPLACE (State Olney)	or foreign country) Maryland		ZEN OF WHAT NTRY? U.S.A.
13. FATHER'S NAME	Unknown		110110		14. MOTHER'S MAIDEN	Estelle L.	Addison	
	VER IN U.S. ARMED FORCES?) (If yes give war ar dates af		none		FORMANT Montg	omery /	ddress	y, Md.
	ate couse (o),	Car	diorespir		y failure			ONSET AND DEATH
PART II, OTHER 20a. EXTERNAL (PRIMARY or C (AUSE OF DEATH	SIGNIFICANT CONDITIONS COL							19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY I or C	ONTRIBUTING 🗀	206. DESC	KIBE HOW INJURY OCC	LUKKED. (I	enter nature at injury in	Part I ar Part II of item 18.)	
월 Haur d	DURY Manth, Day, Year Jum. 19	20d. INJ While at work	URY OCCURRED Not While at wark		E OF INJURY (Hame, form ry, street, affice bldg., etc.		(Caun	ty) (State)
	ify that I took charge alter from: Notural Belden Re	of the remo	oins described libe Actident ,		de, Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDIC	, Undetermined	nquiry XI. I monner CV, 3	ond in my opinion 22. DATE SIGNE
23a. BURIAL, CREMAT REMOVAL (Speci	ION, 23b. DATE THER	EOF	23c. NAME OF CEMET Ash Men			Sandy S	pring,	County) (State)
24. FUNERAL DIRECT	PL Sum	Do I	ockville	, M	O . 2Sa. REC'I		REGISTRAR'S SIG	

CERTIFICATE OF DEATH death 2 requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Montgomery Virginia MARYLAND b. CITY OR TOWN (If autside carporote fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Bethesda (Rural) 45 min. Arlington papers. hin 72 ho e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS completely filled in Naval Hospital 522 South Courthouse Road YES NO XXX ve corbon event, with 4. DATE 3. NAME OF Middle First Lost Day Year DECEASED 19 66 Murray Craven ALEXANDER 30 October DEATH (Type or print) AGE (In years IF UNDER YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE R. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) 54 yrs. Months Days Hours and in ony DIVORCED 30 July 1912 Male Cauc. WIDOWED puo 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done physician a ten leose COUNTRY? during mast of working life, even if retired) INDUSTRY Charlotte, North Carolina USA U.S. Navy (Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mowo Murray C. Alexander Sr Margaret L. Smith attending IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 522 S. Court House 16. SOCIAL SECURITY NO. signed by the attendi burial-transit permit, burial, cremation, ar in (Yes, no, ar unknown) (If yes give war ar dotes of service) Yes Mrs. Doris B. Alexander Rd., Arlington, Va. 238-03-0339 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction **DUE TO** Canditians, if ony, which gave rise ta immediate cause (a), **DUE TO** stating the underlying cause be retained by the hospital or attending os the prior to has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Heolth NO TO FUNERAL DIRECTOR: After this certificate jo 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While 21. I certify that (4) (this haspital) attended the deceased fram 30 October, 19 66, to 30 October 66, that (4) (we) last filed with the saw the deceased glive an 30 October 1966, and that death accurred all: 300, from causes and an the date stated above. 22b. DATE SIGNED 22a. SIGNAJURE STAFF PHYS. 31 October 1966 M.D. PHYS director, poge should be filed 22d. ADDRESS 22c. PHYSICIAM'S NAME (Fype) Raymond & Johnson LT MC USN U.S. Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Arlington National Cemetery Arlington Virginia 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 3901 N. APPErfax 24. FUNERAL DIRECTOR Milianley NOV Arlington Funeral Home Arlington, Virginia

VR A15 (4) 20 M 1/66

Aldigally

wordstart

502 South Convicues Just

19070090

Company of the contract of the

(LETERY) RELIGIOUS

Letique Large

A CLASSIA COVER 2 THE THE

MARYLAND STATE DEPARTMENT OF HEALTH CEPTIFICATE OF

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14287	CENTIFICATE	. OF DEATH		14206
1. PLACE OF DEATH				n: Residence before admission)
o. COUNTY portuones	MARYLAND	o. Slaves la	b. COUNT	Medenned
b. CITY OR TOWN (It outside carparate)		c. CITY OR TOWN (If outside	e carparate limits, write RURA	L and give neorest town)
a Kenia Park		takena	Jark.	15-1
d. NAME OF HOSPITAL OR INSTITUTION (f nat in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Washington Jani	tarium & Hosdital	6 Veffers	son ave	YES NO
3. NAME OF DECEASED	First / Middle	Kast // 4.	DATE Month	Doy Year
(Type or print)	arl a.	nderson.	DEATH OC	t 17 1966
S. SEX 6. COLOR OR RACE	The state of the s	8. DATE OF BIRTH		Months Dovs Haurs Min.
Male white		3-25-68	98 yrs.	
10o. USUAL OCCUPATION (Give kind of work during most of working life, even if refined)	one 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St.		12. CITIZEN OF WHAT COUNTRY?
Road Construction	Pool	Denmar		american
13. FATHER'S NAME	X Later All School	14 MOTHER'S MAIDEN NAM	9	
			orgrimson	
15. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, na, ar unknown) ((If yes give war ar da	tes of service) ONIO	INFORMANT	. Address	11 11 1
	tes of service) 572 30 8548 Ma	Shington Ja	ritarium Y.F	tostal Kecard
18. CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED BY:	cause per line far (a), (b), and (c).)	, /: ,, ,, ,		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CA	USE (a) Ventre VI	on Fibrillati	15	OTOST AID DEATH
	DUE TO			2 wks.
Canditians, if any, which gave a rise to immediate cause (a),	(b) Preumon	<u> </u>		ac Win-
stating the underlying couse	DUE TO			
lost.	(c)	THE TERMINAL DISEASE COURTS	ON CHICK IN DARK 1(-)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	PERFORMED?
PA-CUA	AND DESCRIPT HOW INHERY OCCURRED	Material of Libert to Book	Las Bart II of Star 10 \	YES NO
20g. ACCIDENT WAS UNDERLYING 7 CONTRIBUTION CONTRIBUTIO	205. DESCRIBE HOW INJURY OCCURRED.	tenter noture of injury in Port	i or ram ii or item ia.)	
	or 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City ar town)	(County) (State)
20c. TIME OF INJURY Month, Doy, Yes	While Not While fact	tary, street, affice bldg., etc.)	zor. (cny ar idwir)	(coomy) (sidile)
p.m.	19 at wark at wark	10 10 10 10		10 /7 11 1/16/ 11
	haspital) attended the deceased fram_			, 19 <u>_£_6</u> , that ((1)) (we) las ind an the date stated abave
saw the deceased alive ar	1_70 - 75 19 8 4 , dild illd	ii dediii dccorred di	7 M, Irum couses u	22b. DATE SIGNED
A. M. Sa	- F	D. PHYS. MEI	D. STAFF PHYS.	19-17-61
22c. PHYSICIAN'S		22d ADDRESS		at m
NAME (Type) R. H.	SANDSTROM	7701 Car	+OA AVE TE	ek, md
23a. BURIAL, CREMATION, 23b. DATE	THEREOF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tow	n) (County) (State)
Server Och	20, 1966 Dorred Laws	Centery	Las any	les Calyonic
24 FUNERAL DIRECTOR	ADDRESS, ()	25e-REC'D BY		ISTRAR'S SIGNATURE
X/10/16/10 MAZOLINA	507/02-11/01/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1/1/10	T 1 8 1000 /	201. 10

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. The pages remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remay by and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

tems 18&21 Film 383 12-19MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14288MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY 2, and 3 to PM3. Page b. COUNTY Montgomery delay is of Montgomery death MARYLAND with the State Department within 72 hours after deal b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Silver Spring DOA Rockville. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Item 18. Give Pages 1, Office along with farm Holy Cross H spital 13517 Sloan St. YES NO X 24 hours after death. 3. NAME OF Middle First Lost 4. DATE Month Year DECEASED Richard 66 (Type or print) Carl Annis DEATH October DATE OF BIRTH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Doys Hours 7/8/66 White Male WIDOWED DIVORCED and 2 event 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) INDUSTRY None during most of working life, even if retired) COUNTRY? in pencil in I Exominer's Bethesda, Maryland USA Infant This certificate should be executed within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pup James L. Annis Elizabeth Pound WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 17. INFORMANT Father, permit. (Yes, no, or unknown) (If yes give wor or dotes of service) or removol. None 13517 Sloan St. Rockville, Md. James Annis Vone 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute interstitial pneumonitis IMMEDIATE (AUSE (o) the word cremation, DUE TO Conditions, if ony, which gove probable viral origin the certificate, writing the 4 should be forwarded to rise to immediate couse (a). DUE TO stoting the underlying couse burial, a last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO 9 pe 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING **EXAMINER:** CAUSE OF DEATH. its designoted agent, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page While ot work pleose execute 21. I certify that Istaak charge of the remains described above, held an Autapsy Inquiry X Inspection ond in my opinion the funerol director. death resulted train: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE TO DEPUTY Grandview Ave DEPT Heolth or **EXAMINER'S** Wheaton, Belden R. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREO! 23d. LOCATION (City or Town) 0 Burial (Specify) Florida Memorial Gardens Florida 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 8434 Georgia Ave. ylen Carter VR A15ME (5) Pumphrey 6M 1/66 larner

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14900

/	J				17600	
1. PLACE OF BEAT a. COUNTY	Н	Charles of the control of		CE (Where deceased lived, If insi b. COUN	titution: Residence before admission)	
	rv	MARYLAND	a. STATE Maryla		legany	
b. CITY OR TOW Write RURAL	N (if outside corporate ill and give nearest town)	mits, c. LENCTH OF STAY IN 15	c. CITY OR TOWN (I		te RURAL and give nearest town)	
Bethesda		23 days	Cumber	land	0.1.2.	
d. NAME OF HO	SPITAL OR INSTITUTION (f not in hospital, give street address	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
The Clinic	cal Center, B	ethesda. Md.	112 Fc	rest Drive	YES NO X	
3. NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year	
(Type or print)	Lester	John	Auker	BEATH October	r 5 1966	
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	
Male	White w	VIDOWED DIVORCED	9 February	1901 65 yrs.	Months Days Hours Min.	
1Da. USUAL OCCUPAT	TION (Cive kind of work done	10b. KIND OF BUSINESS OR		County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?	
Salesman	ing life, even if retired)	Automobile Tires	Penns	ylvania	USA	
13. FATHER'S NAM		110000000000000000000000000000000000000	14. MOTHER'S MAI		JUN	
	Harry W. At	ıker	Nora	Woodward		
15. WAS DECEASED	EVER IN U.S. ARMED FORCE			ledical Record	s	
(Yes, no, or unkown)	(If yes give war or dates of serving 1918–1920					
			ie Clinical C	enter, Bethesda	INTERVAL BETWEEN	
	PART I, DEATH WAS CAUSED BY:					
TAICE I, D	IMMEDIATE CAUSE (a) Respiratory & Cardiac arrest					
2041	DUE TO					
Conditions, if		Cardiovascular ac	cident		6 Days	
gave rise to cause (a), s						
underlying caus		Chronic Myelogeno	us Leukemia		18 Months	
PART II, OTHER		CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE CONDITION CIVEN IN I	PART 1(a) 119, WAS AUTOPSY	
CAT					PERFORMED?	
PART II. OTHER	WAS UNDERLYING	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f injury in Part I or Part II of		
OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)			•		
	INJURY Month, Day, Year	r 2Dd. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, f	arm, 20f. (City or town)	(County) (State)	
Hour a.	m.	while - Not While - fac	ctory, street, office bldg.,	etc.)		
ž p.	m. 19	at work at work	antanhan 10	-66 - 0 -4 -1 6	2 40//	
) attended the deceased from				
saw the de		ober 5, 19.66, and th	nat death occurred at		and on the date stated above.	
ZZA. SIGNATU	KE		ATTENDING	MED. STAFF		
The second	X 3 / 200	amon 1	A.D. PHYS.		5 October 1966	
22c. PHYSICIA	uma\	E Kann Tall 100		he Clinical Cer		
		E. Kann, Jr., MD.		s of Health, Be		
23a. BURIAL, CREM REMOVAL (Sp	eclfy)			23d. LOCATION (City, to	wn Anceunty any (State)	
Cremat	ion Oct 7, 1		crest Burial	Park Cumber	land, Maryland	
24. FUNERAL DIR	La Hafer	ADDRESS	25a. RE		EGISTRAR'S SICNATURE	
John J.	Hafer 230	Balto Ave., Cumbe	rland, Mare	ICT 1 0 1966 (Charles Judge	

1/65 A15

PASEL PASSIL with the bulletin - · to the Parket and the state of t Property Leading and the second secon the state of the s estiluyed and the second second gyidina. nothing in The state of the s E COLUMN TO THE SECOND Semilar Colored Colored and a second of the second of and the second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14290

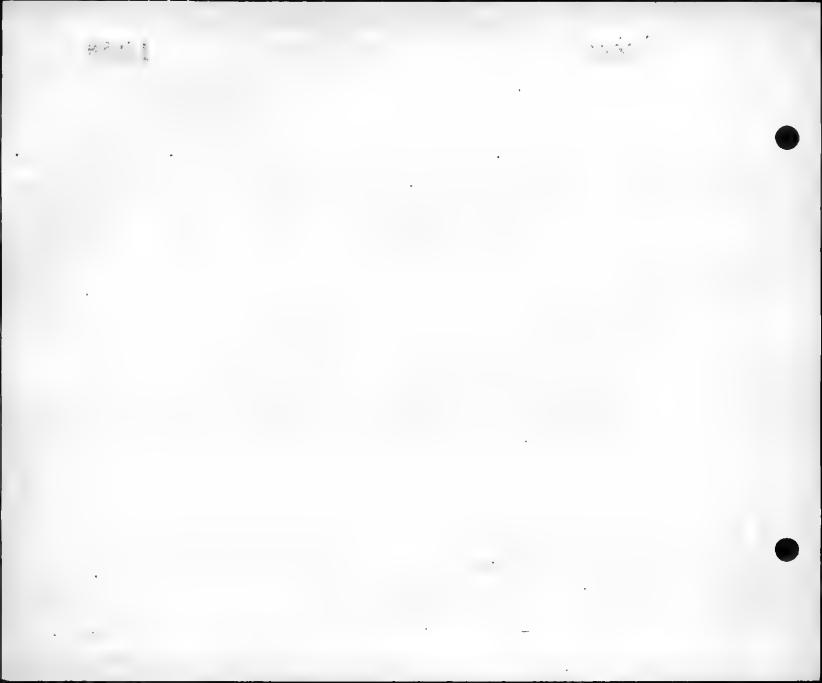
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending, the sign and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then, please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or retrioval, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

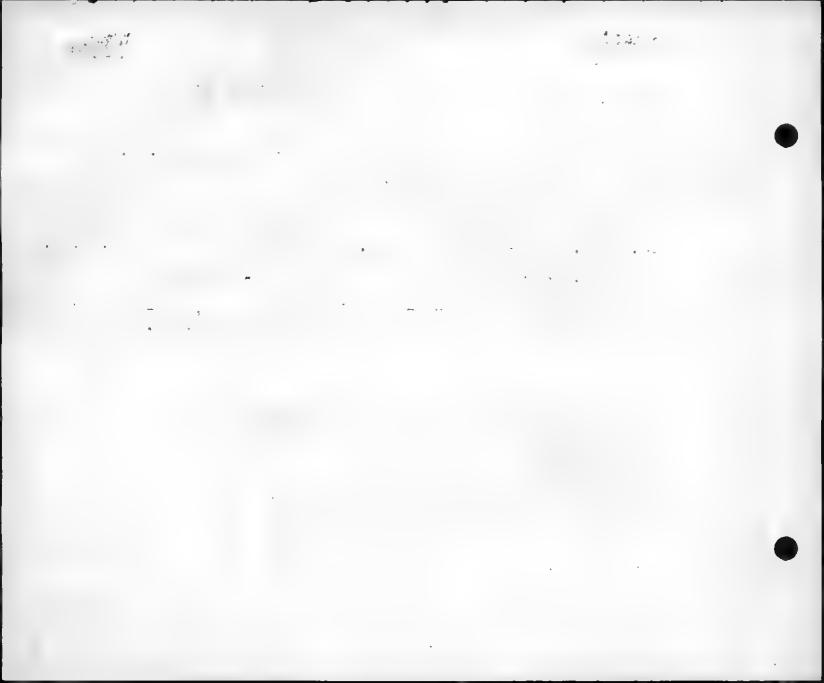
CERTIFICATE OF DEATH

14230	CERTIFICATE	OI DEATH	I	* 4 6 0 11
PLACE OF DEATH			here deceased aved, if institution	
a. COUNTY Montgonery	MARYLAND	o. STATE Mary	land b COUNTY	Montgonery
b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16		side carporote iimits, write RURAL	
write RURAL ond give nearest town) Silver Shring		Silv		
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street oddress)	d. STREET ADDRESS	1 119	e IS RESIDENCE
8502 leth St.	,	8502	16th St.	ON A FARM?
3 NAME OF First	Middle	Last	4 DATE Manth	Day Year
DECEASED JOSE RU	140G10	AVALA	OF CO-	5-1966
S SEX 6 COLOR OR RACE 7 MARRIED		B. DAJE OF BIRTH	9. AGE (In years	F UNDER 1 YEAR 1 IF UNDER 24 HRS
MI WIDOWED		3-7-77	last birthday)	Manths Days Haurs Min
	IND OF BUSINESS OR	J. 1 1 4	State or fareign country)	12 CITIZEN OF WHAT
during most of working life, even if retired)	NDUSTRY		MEXICO	COUNTRY? HEXICO
13. FATHER'S NAME	engineer	14. MOTHER'S MAIDEN N		1 1 CAILO
2	1	THOMASA	PEREZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17 1	NFORMANT	Address	8502-1644
(Yes, no, ar Jinknawn) (If yes give war or dates of ser√ice)	17	ADDLUNG A	Courses (David	ter) SILUGA SP, AD
18 CAUSE OF DEATH (Enter only one cause per line for	10110	TO TO T	· July yes () stage (INTERVAL BETWEEN
PART I. DEATH WAS CALISED BY:	Couper tu	in Heart	Faileur.	ONSET AND DEATH
HACO DUE TO C	1 Total	11 1201		
Conditions, if any, which gave)	Leine Escor	a decent	Dis ease	alexis
nse to immediate cause (a),				
stating the underlying couse (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Courece, Wessers 200 ACCIDENT WAS JNDERLYING 200 OR CONTRIBUTING OF ACCIDENT WAS JNDERLYING 205 P OR CONTRIBUTING OF ACCIDENT BY AMINED 10 FEBRUARY OF ACCIDENT WAS JNDERLY BY AMINED	Chadde			PERFORMED? YES NO
200 ACCIDENT WAS JNDERLYING ☐ 205 Ø	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	ort I or Part II of item 1B)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		. ,	,	
THE CHICK, NOTH THE DICKE COMMINER!	INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, form	20f (City or town)	(County) (State)
Hour a.m. While		ary, street, office bldg., etc.)		
21 L certify that (I) (this-hospital) after	nded the deceased fram	1963 1	9 to 1004.	ر م 19 (we) last
saw the deceased alive an	3 - 1966, and tha	t death accurred at	2A. M, fram causes ar	nd an the date stated above
220 SIGNATURE			MED. STAFF	22b. DATE SIGNED
Que Hacola	M.I	D PHYS.	DIRECTOR L. PHYS. L.	10-5-66
22c PHYSICIAN'S	02. 1. 0		TIA- I- Sty	4.6
NAME (Type) IRWIN H. A	RDAM, M.D	WA.	SH. D.C.	
230. BURIA, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town) (County) (State)
REMOVAL (Specify)		eaven	Silver Sn	ring Md
24. FUNERAL DIRECTOR	ADDRESS Wash	DO	07 7	STRAR S SIGNATURE
Joseph Gawlers Sons	5130 Wisc Av	e NW DATE	CT 7 1966	Mind o



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
14291
CERTIFICATE OF DEATH
142911

5 67F			
g gg g	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
d d d		MONTY MARYLAND	3° STATE b. COUNTY
e f He		b. CITY DR TDWN (1f outside corporate limits,	c City OR TOWN (If outside corporate limits, write RURAL and give nearest town)
s dag as		write RURAL and give nearest fown)	10 0
	V	Vheaton	Naxke Washington, D.C.
in i		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 4 / 3 e IS RESIDENCE ON A FARM?
Page ()	Rondolph Hills NURSING Home	3023 - 14 Street N. W. YES NO
E 45.5	3.	NAME OF First Middle	Lost 4. DATE Month Doy Year
etel Tro		(Type or print) EThe/ Mayes	Baer DEATH 1D - 4 1966
mpil npil	5	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	POATE OF SIGHT
ore be executed within 24 hours after dearn the funeral state of the funeral fease remaye carbon papers. Pages I and and in any event, within 72 haurs after death		E WIDOWED DIVORCED	4-17 - 1387 7 Post brithdoy) Wonths Doys Hours Min
ind ind	10	IO USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPEACE (County & State, or foreign country) 12 CIT ZEN OF WHAT
dise n	þ	ung gost of working life, even the ired . Interior Dept.	Pennsylvania UOUNTS? A.
5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		3 FATHER S NAME	14. MOTHER'S MAIDEN NAME
entiticate be chiystien c	1		Annie E. Johnson
The go	L	Alfred D. Baer	
E de t]	S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1	NFORMANT Address
attending to primit. The ton, or remo	,	(es, no or printed by the state of service) 578-50-8172 Miles	lss Elizabeth C.Baer-1348 Prichard S
inat the death cerring an. by the attending physicansis primit. Theh-pi cremation, or removal,		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	PICTSOURG, Pa. INTERVAL BETWEEN
at the magnetic transfer of the second transf		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Counte 277 42	and il Inference menelly
creation and the state of the s		4-2 0 1 DUE TO	
res red rall- rall,		Conditions, if ony, which gove) (b) PRTerrosch	rote: Heart Descured URS.
		rise to immediate couse (o), (DUS TO	
ra en de ta		storing the underlying couse Due 10	
in the standing of the standin		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(c) 19 WAS A TOPSY
atte	20	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT REDATED TO	PERFORMED?
AN: In all ar a licate he for use Health	15	Plabeles Mellitus, Chroni	ic Congestive HT. Failure VES NO X
直流でま	CERTIFICATION	E 200 ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
hed to a	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHTS The hose this celetache Dept.	MEDICAL	20c TIME OF INJURY Month, Doy Yeor 20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form, 20f (City or town) (County) (State)
- # £ 8 = -	AF.	Hour a.m. 19 While Not While of work	ory, street, office bldg., etc.)
by the the the period of the p		21. I certify that (I) (this haspital) attended the deceased fram_	9/26 , 19 66 , to 10/4 , 19 66 that (1) (we) last
Ped A: A		saw the deceased alive an 10/4 1966, and tha	t death accurred at 12 100 M, fram causes and an the date stated abave.
- 후 2 홍도		220_SIGNATURE	22b. DATE SIGNED
3388 ≥ 3 88 = 2 8			D. ATTENDING MED DIRECTOR D PHYS. D 10/4/66
DE 38 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		22c. PHYSICIAN'S	22d. ADDRESS
may be RAL DIST., page be filed		NAME (Type) KRILL TO WAR TO BE HUSTCK M	1) 4115 Colie Dewe Wheaton mi)
7 4 2 5 5	~	30 BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR	
Page of FUN shaul	1	REMOVAL (Specify)	
5	_	Removal 10/5/66 Chartlers	
VR A15 (4)		24. FUNERAL DIRECTOR ADDRESS ADDRESS	, and it idea (charles the
20 M 1/66		It Henes Co. 2701-19 SINO	DATE UCI 1900



er deoth. Page 4 e funeral director,

FENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has

TO HOSPITAL OP may be retain.
TO FUNERAL DI

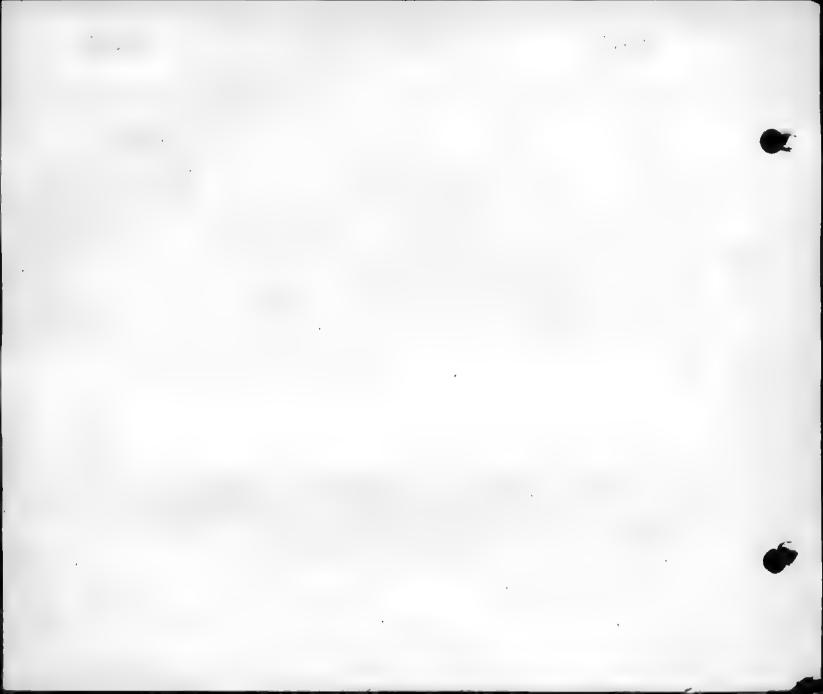
VR A15 (4) 15M 9/59

may be retained to the hospital or attending physician.

D.F. After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transity permit. Then please remover cappaness. Pages 1 the State Boord of Health prior to burial, crematian, ar removal, and in any event, with an after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	PLACE OF DEATH COUNTY MONLY MARYLAN	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If of tide corporate timits, write RURA) and give nearest town! ALLENGTH OF STAY IN 1	b c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest lown)
	d. NAME OF HOSPITAL (Engly) hospital, give street address) OR INSTITUTION 7700 Ballimary The	d. STREET ADDRESS 7538 Eastern ave. N.W. ves No 10
	NAME OF DECEASED (Type or print) Margaret Suzanne	Barley d. DATE Month Day Jogs DEATH
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	T T C S T
100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN during Jmost of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) Charles Co. Med 21. S. a.
13.	FATHER'S NAME Olevandu Edelen	14. MOTHER'S MAIDEN NAME
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? s. no, or upknown] (If yes, give war or doles of service)	May B. Vierbrichy (Dame as #2.)
	1B CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	rrest Inmediate
	4. DUE TO Chronic 1	Undetermined
	Conditions, if any, which) (b) (CCHECA 1) 200	(Arterio-scleresis Vide Henring
	gove rise to immediate out to Course (a), stating the under:	In A technical
	lying couse lost.	Terceis Uracter in the
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH FREE FLOR LEFT NIP GE	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Parl I or Part II of ilem 18)
MED CAL	20c. TIME OF INJURY Month. Day, Yeor 20d. INJURY OCCURRED 20e Hour o. m. While p. m C + 3 12 5 of work at work	PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Slote) foctory, street, office bldg., etc.) (Ca SULIZ / Lange County)
	21 I certify that (1) (this hospital) attended the deceased fra	m/ 195Fia CCF 4 196 Sthat (I) (we) last
	saw the deceased alive an CST 4 1965 and the	at death accurred at M, from the causes and an the date stated above.
	220 SIGNATURE	22b DATE
	- Range L Deel	M D PHYS DIRECTOR D STAFF PHYS D
	20. PHYSICIAN'S MAME (Typey LE L Ball	22d. ADDRESS/0620 Georga City,
230	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETER BURIAL DEL 8.1966 CELLUL	Y OR CREMATORY 23d LOGATION (City/town, or county) (Stole) Hell Cemiltry Sulland M. Die Co. M.
20	LUKU Walley, 254 Carrall DINK	LO CONTROL 1 0 1956 12 Control Oute

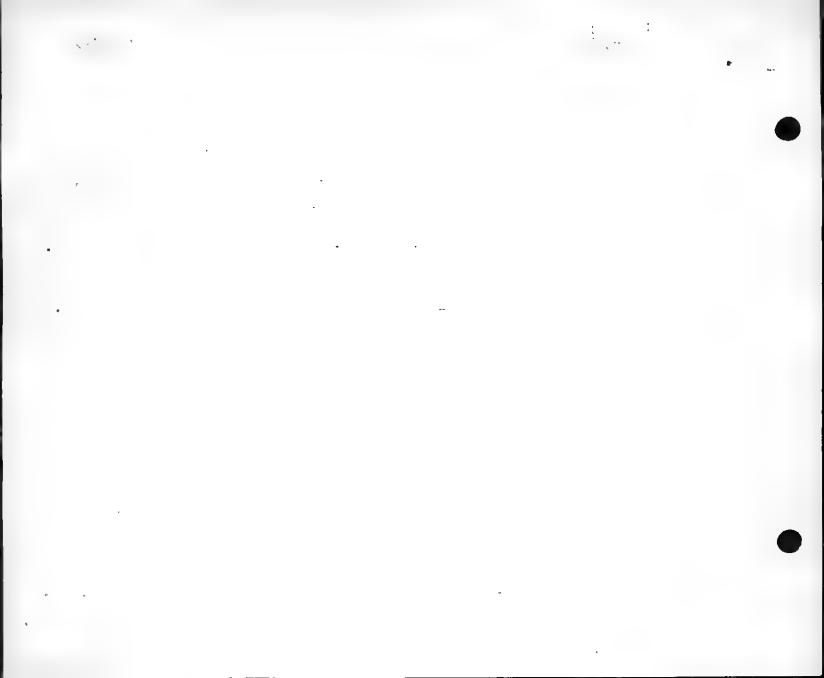


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14293

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FUR STATE	1 3000	MEDICAL EXAMINER	J CENTIFICATE OF DEATH	14436
HEALTH DEPT.	1 PLACE OF DEATH	4	2. USUAL RESIDENCE (Where deceased lived, if in	stitution: Residence befare admission)
ta ta of	a. COUNTY	Clomen MARYLAND	o. STATE Marile 1. b	COUNTY
delay is ind 3 ta 13. Page ment of r death.	b CITY OR TOWN (If autside carpage	c LENGTH OF STAY N 16	c CITY OR TOWN (If outside carparate imits, write	e RURAL and a ve negrest town)
PM3. I	write RURAL and give nearest to	m) - 11- 1/2-22 a	Park 1	
Par par	A MAME OF HOSP TAL OR INSTITUTION	N (If not in haspital, give street address)	d STREET ADDRESS	6 IS RESIDENCE
7-F 95	d Habit of hos fat or resiliono	(it right in itaspital, give sheet dudress)	Jane Tarl	ON A FARM?
Jes Jes ate hau		Luliposane	July	posane YES NO 10
death If any delay is e Pages 1, 2, and 3 ta with farm PM3. Page he State Department of 72 haurs after death.	3. NAME OF TIME	F rst M ddle	7.5	Month Day Year
0 0	(Type or print)	ed H	MINNEY DEATH UC	ctober 20, 19 66
after 8. Giv along with t	S. SEX 6. COLOR OR RA	CE 7 MARR ED NEVER MARRIED	B DATE OF TRIH 9 AGE (In year just byrthda)	rs IF UNDER I YEAR IF UNDER 24 HRS y) Months Days Hours Min
7. ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	mw	W DOWED DIVORCED	110/19/08 38 Y	rs O 1
Item I want went	10a SUAL OCCUPATION (Give kind of wor	k dane 10b KIND OF BUS NESS OR	BIRTHPLACE (State or fare gn country)	12 CITIZEN OF WHAT
2 5 20 20 2	during most of working life, even fret red	ing Dept-Printing	30. //wanes	COUNTRY?
thin 24 miner so miner so pages in any	13 FATHER S NAME	0	14 MOTHER'S MA DEN NAME	
within period xamine xamine ile page	Eman	uel Bandy	Lales (Vac	Knew
d with plant	15 WAS DECEASED EVER NUS ARMED FO	DRCES? 16 SOCIAL SECURSTY NO 1	7 INFORMANT	Address Jame as almos
urte ical ical val,	(Yes, no, ar unknown) (If yes give war ar	dates af service 578-22-7079	many Bandy W	/ Item 2.
emaing in f Medical E it permit. I		ane cause per line far (a), (b), and (c).)	ray our our y-w	INTERVAL BETWEEN
e e e e e e e e e e e e e e e e e e e	PART I DEATH WAS CAUSED B	Caranacut	Thrombosis-	SONSET AND DEATH
should be e te ward "pei o the Chief I burial-transit matian, ar re	1M.MEDIATE		111 81/11/0512	2030121
should e ward o the Ch ourial-tra	Canditions, Fany, which gave	DUE TO	cular Disease.	years
sh to t bur	rise to immediate cause (a),	DUE TO	00/81 0/36336-	7-3.3
ate g the ed t	stating the underlying couse	13		
certificat writing rwarded rsed as c		(0		TO MAKE & TOPICY
s certificate should be executed within 2 e, writing the ward "pemaing" in parall is farwarded to the Chief Medical Examiner used as a burial-transit permit. File page a burial, crematian, ar remaval, and in ar	S PAKI II OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(c	PERFORMED?
This icate, licate, lie for the tall be to irr tall tall tall tall tall tall tall ta	200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF CONTRIBUTING OF CAUSE OF CONTRIBUTING OF CONTRIB			YES 🔀 NO 🗌
ER: This certificate, amid Me fa es. hauld be a prior ta	E 20a EXTERNAL (AUSE WAS PRIMARY □ or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURR	ED (Enter nature of injury in Part I or Part II of Item 18	3.)
certific certific homid il lies. shauld t, prior				
AMINE e the ce e 4 shal aur files age 3 shal	20c TIME OF INJURY Month, Day,		PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) 20f (City at town	n) (County) (State)
(AN e the cour	p.m.	19 While Not While at wark	tactory, street, arrive blog., etc.)	
NEDICAL EXAMINER: com execute the cert nector. Page 4 shaml ained for your files. IRECTOR: Page 3 shau designated agent, pr	21. I certify that I taak		held an Autapsy 💢 , Inspection 💢 ,	Inquiry X, and in my opinion
on of the	death resulted fram			d manner
MEDTC pleass e director retained DIRECT ts design			CHIEF MEDICAL EXAMINER	
2 % P # P ×	ACTUAL SIGNATURE	m B. Bell	M.D. ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
NY, NY, SAL	EXAMINER'S		DEPUTY MEDICAL EXAMINER	0/20/66
DEPUTY ME cessary, plea fun rol dire may be retail FUNERAL DIR edith ar its de	NAME (Type) JOH	N G. BALL	Address (Street, city, town, or county)	Bethesda Md.
O DEPUTY THE formal S may be r O FUNERAL Health ar it		ATE THEREOF 23c NAME OF CEMETERY		
TO DEPUTY THE funeral S TO FUNERAL Health ar its	REMOVAL (Specify) Burial 10-	22-66 Parklawn	Cemetery Montgom	ery County, Md.
ES	24 FUNERAL DIRECTOR	ADDRESS	2Sq REC'D BY REGISTRAR 2Sb	REGISTRAR S S GNATURE
VR A15ME (5)	ROBERT A. PUMPH	REY. Bethesda. Mar	vland net of tohe	and a a



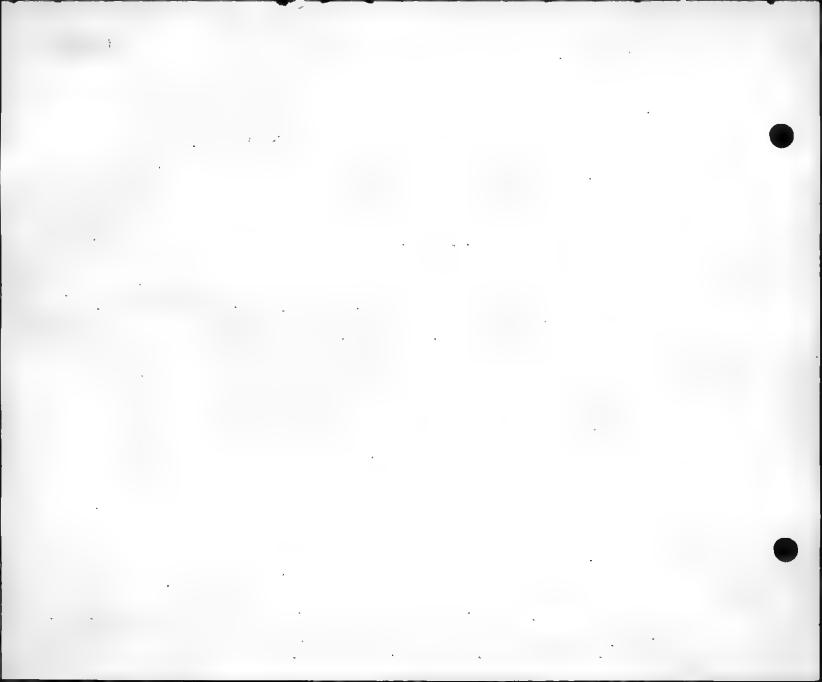
Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Therefore remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Therefore are seen, within 72 hours after definition or removal, and in any event, within 72 hours after definition. THE HORPITAL OR ATTEMPTA PHYSICIAN: The law requirem that the limath certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M I/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14294 CERTIFICATE OF DEATH
14293

/1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Morely smery MARYLAND	a. STATE b. COUNTY
-		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nagest town)
	b. CITY OR TOWN (it/outside corporate timits, virte RURA) and give nearest town) C. LENGTH OF STAY IN 1b I month	
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Silver Spring
	d. NAME OF HOSPITAL OR INSTITUTION (IT NOT IN HOSPITAL, give street address)	d. STREET ADDRESS 8214 Cedar Street B. IS RESIDENCE ON A FARM?
	Class Have Rest Home.	ZASAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
3.		Last 4. DATE Month Day Year
	(Type or print) ARThuR. Jay BarkE	e. DEATH Oct. 10 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR\$.
	MALE W WIDOWED DIVORCED	4/12/1887 last birthday) Months Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KING OF BUSINESS OR	11. BIRTHPLACE (County & State, on forgign country) 12. CITIZEN OF WHAT
	ring most of working life, even if retired) Retired clerk U. S. Gut.	New York State COUNTRY?
13		14. MOTHER'S MAIDEN NAME
	George Barker	
		Unknown
ίΫ́	i. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. es, no, or unknown) (If yes give war or dates of service)	INFORMANT 12400 Bowner Dr.
	No None 24-36-31934	Joann B. Comstock Wheaton, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN
	PART I. CEATH WAS CAUSED BY: Conyetive front to	where Interiorary Edicare ONSET AND DEATH
	1 DUE TO COLO	Primation 2 weeks
	Cenditions, If any, which } (b) (QCVZ),	Urenon Inderto
	gave rise to immediate	
	underlying enues last	6
2	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OLSEASE CONDITION GIVEN IN PART 1(a) 119, WAS AUTOPSY
A	(i, i + t - 1)	PERFORMEO?
55	Calintascoels from Organ	
CERTIFICATION	20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MFDICAL	Hour a.m. While Not White I ractor	ry, street office bldg., etc.)
2	21. I certify that (I) (this hospital) attended the deceased from Ze	and 26, 1960, to Cict 10, 1966, that (1) (we) last
ı		death occurred at 1251 M, from the causes and on the date stated above.
ı	22a. SIGNATURE	1 22b. OATE SIGNEO
ı	810 210	ATTENDING MEO. STAFF CO MINTER
ı	22c/ PRYSICIAN'S M.D.	PHYS. DIRECTOR PHYS. 120, 1966
	NAME (Type)	1429 7/2 Re 1 1 5 5 md
	LUSSELLE 43UFALINO, 19.D.	11/1 W/W. 120/2 W. 33.
23:	PEMOVAL (Specify)	
13	Surval Oct. 13, 1966 Fort Lincoln (
24	FUNERAL DIRECTOR SEKULASTICA SUSUE GEOGRAPIO	Ave 250. REC'O BY REGISTRAR 256. REC'STRAR'S GIGNATURE
16	Town B. Thomas Te Recording 6434 9eorgia	Hue. OCT 14 1966 Junes Jungs
1 1/1/	WAREL C. FAMININEN, THE SAME SPEAK	44, 144



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14295

CERTIFICATE OF DEATH

14294

L		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before adm	rission)
	a. COUNTY or Gomery - MARYLAND	Warmand Montgom	idama
	b. CITY OR TOWN (If Gutside carparate limits, C LENGTH OF STAY IN 16	c City DR JOWN (If autside carparate limits, write RURAL and give nearest tawn	n)/
-	To Kina Juke DUA.	Sexuer strans	
-	d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address)	d STREET ADDRESS	RESIDENCE
	Wish, Sant Hosp		A FARM?
3	NAME OF DECEASED (NMO) Middle RAT	RNES 4 DATE Month Day OF DEATH	Year 19 C
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UN Manths Days Hau	NDER 24 HRS. Urs Min
10	Od USUAL OCCUPATION (Give kind all work done 10b KIND OF BUSINESS OR Hade	11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHA	ī
O.	urnog mast of working the every retired) perpetual Bldg.	Maryland U.S. A.	,
T:	3. FATHER'S NAME	14 MOTHER S-MAIDEN NAME	
П	Herry Barnes	Cornelia Marlow	
Ţ	S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	INFORMANT 716 Gist Avenue. Address S.S. Md.	
1	Yes, no, ar unknawn) (If yes give war ar dates af service) WW 1 218-20-1466	nargant Daniel, within	
F	18 CAUSE OF DEATH (Enter any one cause per line, far (a), (b), and (c).)	INTERVAL	
П	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	en / Comes ONSET AN	VD DEATH
L	3 × 11 BULTO		
L	Conditions, if any, which gave) (b) Children &	Ecom punselun 4"	5 4
L	rise to immediate cause (a), stating the underlying cause DUE TO		
l	[ast. (c)		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS	AUTOPSY ORMED?
ATIO	artemselow	YES Y	NO Z
CERTIFICATION	20g ACCIDENT WAS UNDERLYING ☐ 205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MFDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f (City or tawn) (County)	(State)
MFD	Haur a.m. While Nat While fac	tary, street, affice bidg., etc.)	, ,
L	2). I certify that (I) (this haspital) attended the deceased fram_	, 19 4 F, to 1 Cent , 1966, that (1	1) /wal los
L		t death occurred of A. M., from causes and on the date sto	
	22g. SIGNATURE	22b. DATE SIGNED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Walliam Ister M	11112	66
	22c. PHYSICIAN S NAME (Type) William D. Aud	9006 Colesville Rd. S.S. Md.	
2	3a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County)	(State)
	Burial Oct. 4. 1966 Rock Creek Ce		, ,
	24 FUNERAL DIRECTOR () Charles & colonographics C	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
5		ia Ave Mydate OCT 5 1966 flearles Jus	late.
100	Harvar & Ournham Usa Silvar Sak	1 1/7 1/10	2 /

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers Pages 1 and 2 shauld be filled with the State Dept. at Health priar to burial, cremation, or removal, atternay event, within 72 hours after death. TO MUSPITAL ON ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the Easpital ar attending physician.

VR A15 (4) 20 M 1/66 All the state of t

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b COUNTY MONTGOMERY a. COUNTY MONTGOMERY o. STATEMARYLAND MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) BETHESDA BETHESDA, MARYLAND 3 days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 5534 Johnson Avenue RESMOR SANITARIUM X NO Middle 3 4 DATE Month DECEASED
(Type or print) Daniel William Barnett Oct. 14 19 66 DEATH 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 9 AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) Months White WIDOWED DIVORCED July 1881 100 USUA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working I te, even if retired) INDUSTRY U.S.A. Texas Pharmacist 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Arcadia John Barnett Hall IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 34 Johnson Ave Barnett. 55 (Yes, na) drynknawn) (If yes give war ar dates at service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave DUE TO

rise to immediate couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 60 G 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH

of work

WAS AUTOPS PERFORMED?

(Stote)

206 PLACE OF INJURY (Hame, form, Not White foctory, street, office bldg., etc.)

(City or town) (County)

21. I certify that (1) (this haspital) attended the deceased fram_ 11111, 1955, to Mesin , that (I) (we) last 1964, and that death accurred at 110 M, from causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 22a, SIGNATURE PHYS.

NAME (Type) Charles Savarese

While

ot wark

23b. DATE THEREOF 230 BURIAL CREMATION BIJ PEMOVAL (Specify) 10-17-66

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Haur o.m.

20c. TIME OF INJURY Manth, Dov. Year

23c NAME OF CEMETERY OR CREMATORY ParkLawn

23d LOCATION (City or Town) Rockville.

25o. REC'D BY REGISTRAR

(County) Montg.

(State)

24. FUNERAL PIRECTORETTIES & C

requires that the death certificate be executed within 24 hours after death burial, cremation, signed by the a burial-transit pe as the priartal has been O FUNERAL DIRECTOR: After this certificate be retained should Page 4 may director, po should be f

campletely filled in by the funeral nave carban papers. Pages 1 and 2

remaye

lease

attending physician sermit. Then please

removal

ö

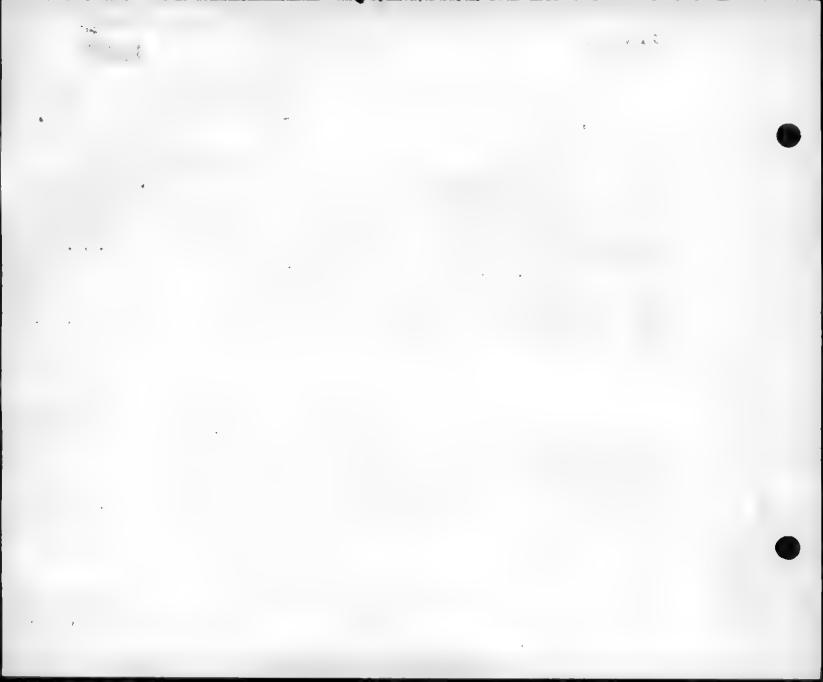
guq

3 NAME OF

Male

S SEX

VR A15 (4) 20 M 1/66



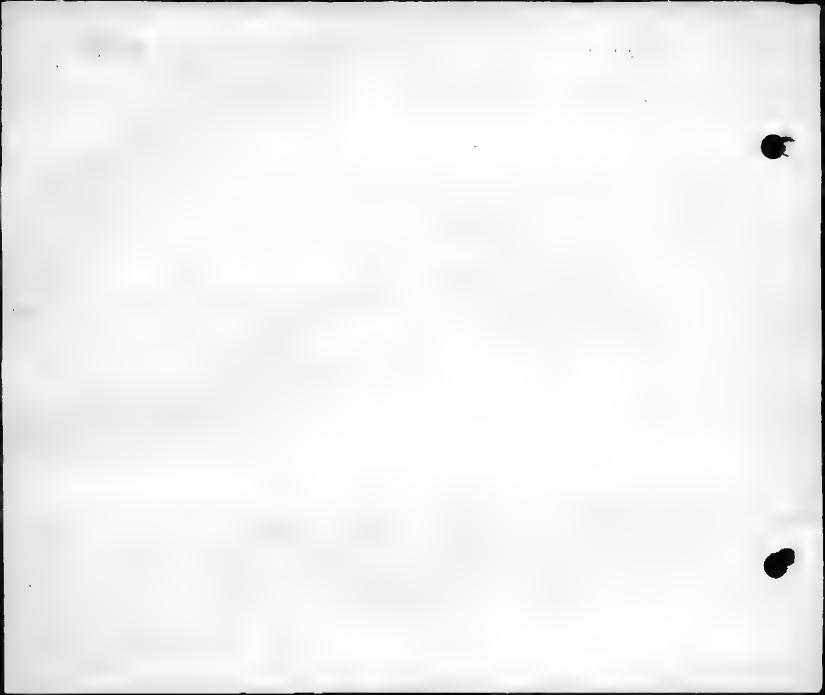
		1		
10000	1900	th.		-
ITAL OP TENNING FHYTICIAN: The low requires that the death certificate be executed within 24 hours, filer death. Page 4		irector,	shauld be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with	(
deoth.		he funeral director,	ld be file	
fter		he fi	. shoul	
4	9	P	0	
uthin 2		ely fille	Poges	r death
muted w		complet	opers.	ure ofte
bill elle		puo u	orbon p	n 72 ha
rrficote		physicio	move c	nt withi
soth ce		ending	eose re	AVA VA
the de		the oth	Then pl	and in a
res tho		ed by	ermit.	Joyou .
v requi	cion.	en sign	onsit pe	Dr ren
The lov	g physi	hos be	uriol-tro	mation
CIAN:	ittendin	Tificote	s the b	riol, cre
MHA	to or a	this cer	or use o	r to bur
NIING	e hospi	: After	ched fo	Ith prio
TE	the	0	ve deto	of Head
TAL OF	retain, the hospital or attending physician.	RAL Dear. After this certificate has been signed by the attending physician and completely filled	hauld a	a Board of Health prior to buriel, cremation, or removal, and in one event within 72 hours ofter death.
_		CO.	10%	- 0

moy be r TO FUNER. poge 3 sh

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

	4 / 0 0 24	AND RECORDS — BALTIMORE 1, MARYLAND TE OF DEATH	4296
7	PLACE OF DEATH G. COUNTY MONTE WARYLAND MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residue. STATE b. COUNTY	lence before admission)
	b CITY OR TOWN (If autside corporate limits, write) c LENGTH OF STAY IN 1b RURAL and give nearest town) ROCKVILLE	c. CITY OR TOWN (If autside carporate limits, write RURAL ap	d give nearest town)
	d NAME OF HOSPITAL (Knot in hospital, give street address) OR INSTITUTION Grosvenor Lark Apts. LOGOO Hockville Pike, Apt. 1311	10 Jai Rockiele Bet	e IS RESIDENCE ON A FARM? YES NO D
4.5	NAME OF DECEASED (Type or print) ROBERT J.	BACRETT 4. DATE Month OF DEATH	29 1966
41	SEX 11 a le CV hut. WIDOWED DIVORCED	B DATE OF BIRTH The grant last birthday) July 20 1902 9 AGE (In years last birthday) Months	ER TYEAR IF UNDER 24 HRS S Days Hours Min
1	on USUAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR INDI- during most of working life, even if retired) , CT Maj DC. Folice Popt	Washington .	17. SA .
י	William J. Barrett	Municipe C Dysily	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Tes. no. or unknown, (If yes, give wor or dates of service)	NECTICAL BUSINES 10500 Roof	will Pake
	18. CAUSE OF DEATH [Enter only one couse pertin) for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Insumming		INTERVAL SETWEEN ONSET AND DEATH
	Canditions, if any, which agive rise to immediate (b) Encephelonno	elacia	3 year
	cause (a), stating the <u>under-</u> lying cause last. DUE TO (c)		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 100 ACCORNIT WAS UNDERLYING	of disease	PERFORMED? YES NO R
		ED (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. P Hour a. m. 19 While at wark at wark	LACE OF INJURY (Home, form, 20f. (City or town) actory, street, affice bldg., etc.)	(County) (State)
		death occurred at M, from the couses and on the	
	220 SIGNATURE Exicl D. Reyll M. D.	M.D PHYS. MED DIRECTOR STAFF 290	Oct 66 SIGNED
	22c. PHYSICIAN'S NAME (Type)	4602 Rosedale Bet	Hesda Md
	30 (BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY of STEED S	He wen : Who store	md.
3	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4 148 14 148	25g REC'D BY REGISTRAR 256, REGISTRAR'S	SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14298

CERTIFICATE OF DEATH

14997

L.	1.XM0()		CERTIFICAT	L OF DEATH			14471		
	PLACE OF DEATH			2. USUAL RESIDENCE (Where decease			e admission)	
	o. COUNTY Montgome:	rv	MARYLAND	o. STATE	yland	b. COUN	W St Mar	75	
	b CITY OR TOWN (if autside car write RURAL and give neares	morate limits	c LENGTH OF STAY IN 16	c CITY OR TOWN (If or		te limits, write RUR			
	Bethesda	r rown)	9das	Leo	nardto	านาา	1	- 2	
	d NAME OF HOSPITAL OR INSTIT	UTION (If not in hos		d STREET ADDRESS		71111		IS RESIDEN	
	U. S. Nar	val Hospi	tal	Bre	nto Ar	nartmen ts	,)
	NAME OF	First	Middle	Lost	4. DATE	Month		Year	
	DECEASED (Type or print) Vi	rginia	May	Barsosky	OF DEATH	Octob	er 5	19 6	66
S	SEX 6 COLOR C	OR RACE 7 MAR	RRIED X NEVER MARRIED	B. DATE OF BIRTH	9.	. AGE (In years last birthday)	F UNDER 1 YEAR Months Dovs	IF UNDER 24	-
Fe	emale Cauc	asian WID	OWED DIVORCED D	7 February 1	944	22 yrs	Manths Doys	Hours	Min
	USUAL OCCUPATION (Give kind of		Ob KIND OF BUSINESS OR	11 BIRTHPLACE (County	& Stote or for	reign country)	12 CITIZEN OF	WHAT	
	ing most of working life, even if re ous ewife	rired)	INDUSTRY	New Yor	k		COUNTRY?	A.	
	FATHER'S NAME	,		14. MOTHER'S MAIDEN					
	Joseph Tokos			Mary Ki	.nny				
15.	. WAS DECEASED EVER IN U.S. ARM es, no, or unknown) {(If yes give w	ED FORCES?		INFORMANT		Addres	55		
tie	NO	JOL OL GOLES DI SALAICE	J	ohn Barsosky	Brent	to Apts L	eonardto	wn Md	
	18. CAUSE OF DEATH (Enter of	only one cause per le				*	INTE	RVAL BETWE	
	PART I. DEATH WAS CAUS	JED BY: DIATE CAUSE (o)	rreversible Shoc	k			ONS	SET AND DEA	JH .
	7545	DUE TO							
	Conditions, if any, which gave rise to immediate couse (a),	\-/	pen Heart Surger	У					
	stoting the underlying couse	> DUE TO		D	7	Gt			
1	lost.	(c)	ongenital Heart	Disease - Pu	Lmonar	y Stenos			
*	PART II OTHER SIGNIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVE	N IN PART 1(a)	19.	WAS AUTOPS PERFORMED?	Y .
STI							Y	S 🕞 NO	<u>, </u>
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF	DEATH	05. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Port I or Port	III of item 1B.)			
	(IF EITHER, NOTIFY MEDICAL EXA		20d INJURY OCCURRED 20e PL	ACT OF HUMBY (Harry Com	1. 20f.	(City or town)	If much d	164.	403
MEDICAL	20c. TIME OF INJURY Manth, i Hour a.m.	,,	While Not While for	ACE OF INJURY (Hame, farn ctary, street, office bldg., etc.)		(City of lown)	(County)	(210	ote)
	p.m.		at work L. at wark L.	0/- (1	10//	F 0.+	20// 11	- (1) (2.1
	21. I certify that (4) saw the decea <u>sed a</u> l		ittended the deceased fram_	at death accurred at)1 , <u></u>	o 5 UCT	, IY <u>DO</u> , IN	at DO (We	ahaya
	220 SIGNATURE	ive dil	/ /	ar death accorred at	7÷.11,71,144	i, main cabses c	22b DATE SIGN		IDUVE.
	1	port de	on 162 "	D. PHYS	MED. DIRECTOR	STAFF NHYS.			
	22c. PHYSICIAN'S	-		22d ADDRESS					
	NAME (Type) D.	H. GAYLOR	COR, MC, USN	U. S. Na	val Ho	ospital,	Bethesda	Md.	
230		DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LO	CATION (City or Taw	vn) (County)	(Stot	e)
	urial	ct 10,19	000 11101100110			hampton		NY	
	I. FUNERAL DIRECTOR		ADDRESS		D BY REGISTR		GISTRAR'S SIGNATUR		
J	oseph Gawler,	5130 Wisc	consin Ave. Wash.	D.C. DATE (CT 1 3	1966 .	Marla.	Quela	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or caseful, and in any event, within 72 hours after deat VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE Montgomery

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Maryland Montgomery MARYLAND Department after death. If any delay cessary, 1, 2, and 3 to the funeral m PM3. Page 5 may be c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Brookenlle d. NAME OF HOSPYTAL OR INSTITUTION (if not in hospital, give street address) B. IS RESIDENCE DN A FARM? State NO D Monti NAME DE Middle DATE Year Month Day DECEASED OF DEATH ${\mathbb B}$ (Type or print) ہے 19 2 with within SEX DATE OF BIRTH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS in pencil in Item 18. Give Pages 1, Examiner's Office along with form 7. MARRIED NEVER MARRIED [last birthdey) Months Days after death. DIVORCED [MIDOWED YTS. and a 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY prod. pages I FATHER'S NAME MOTHER'S MAIDEN NAME 24 hours Jere MIa File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. INFORMALI (Yes, no, or unknwn) (If yes give war or dates of service) permit. | removal, **EXAMINER:** This certificate should be executed within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit p onchia word "pending" Chief Medical E DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (e), stating the co. used as a to burial, underlying cause lest. (C) execute the certificate, writing the wo Page 4 should be forwarded to the Ct for your files. IAL DIRECTOR: Page 3 should be used as the or its designated agent, prior to buria PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY CERTIFICATION PERFORMED? NO I YES -200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Pert II of Item 18.) home causing Fracture of MEDICAL 20d. INJURY DCCURRED (County) (State) TIME OF INJURY Month, Day, Year Not While Work factory, street, office bidg., etc.) at work MONT. 1966 Home 21. I certify that I took charge of the remains described above, held an Autopsy 7 Inspection and in my opinion Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATUR for FUNERAL I DEPUTY MEDICAL EXAMINER EXAMINER'S please ex director. retained John G. Ball NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF (State) BUTIAL (Specify) of 0 Mt. Carmel Sunshine Mont. Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Lavtonsville, Md. VR ALSME (5) 1/65

U 1.6

15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral afiler death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence hefore admission) a. COUNTY Montgomery a. STATE Maryland the f Pages 1 urs after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. Page hin 72 hours a à write RURAL and give nearest town) 24 hours Rockville Rockville Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Within Potomac Valley Nursing Home 814 Viers Mill Road within letely carbon NAME DE First Middle DECEASED remove carb LUCY BELT М. DEATH Oct. 13,1966 comple (Type or print) 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | in any and Female White WIDOWED DIVORCED IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hysician please r 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) ease Housewife Maryland certIncate 13. FATHER'S NAME attending on removal 14. MOTHER'S MAIDEN NAME Edward L. Heim Malinda Kemp ed by the attend transit permit cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) Stacy Belt Wm. CAUSE OF DEATH | Enter only one cause per burial-transit burial, crem PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed JJJXX Conditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) certificate PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING I r this certif detached for te Dept. of P DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While - Not While After at work at work the the 21. I certify that (I) (this hospital) attended the deceased DIRECTOR: age 3 should led with the saw the deceased alive-one page ATTENDING PHYS. M.D. DIRECTOR may HOSPITAL FUNERAL PHYSICIAN'S director, pr ADDRESS NAME (Type)

Viers Mill Road Rockville, Maryland ONSET AND DEATH WAS AUTOPSY PERFORMED? NO To (State) 2Df. (Clty or town) (County) and that death occurred a 22 M, from the causes and on the date stated above. 22b. DATE SIGNED STAFF 10/13/66 PHYS Rockville. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Forest Oak Cemetery Gaithersburg, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

b. county Montgomery

Month

e. IS RESIDENCE ON A FARM?

Year

19

Days

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

NO 34

VR A15 (4)

2

Tyson Wheeler

REMOVAL (Specify)

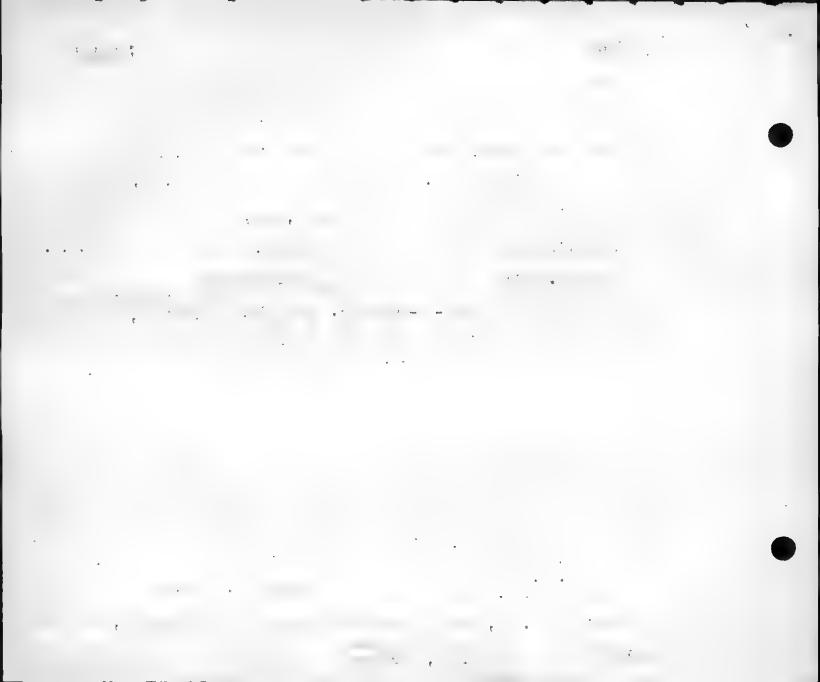
Burial

24. FUNERAL DIRECTOR

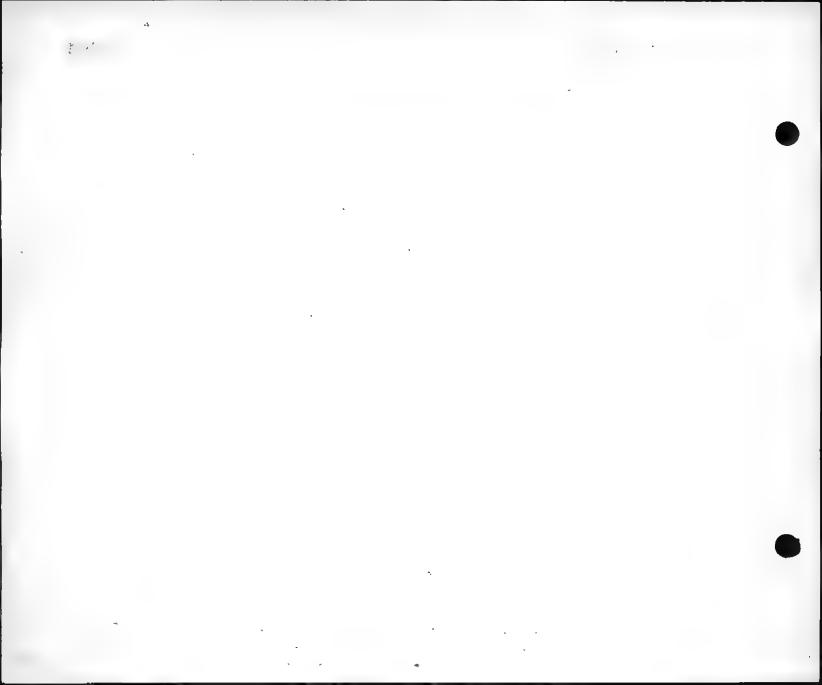
BURIAL, CREMATION, 1 23b. DATE THEREOF

Oct.

Rockville, Maryland



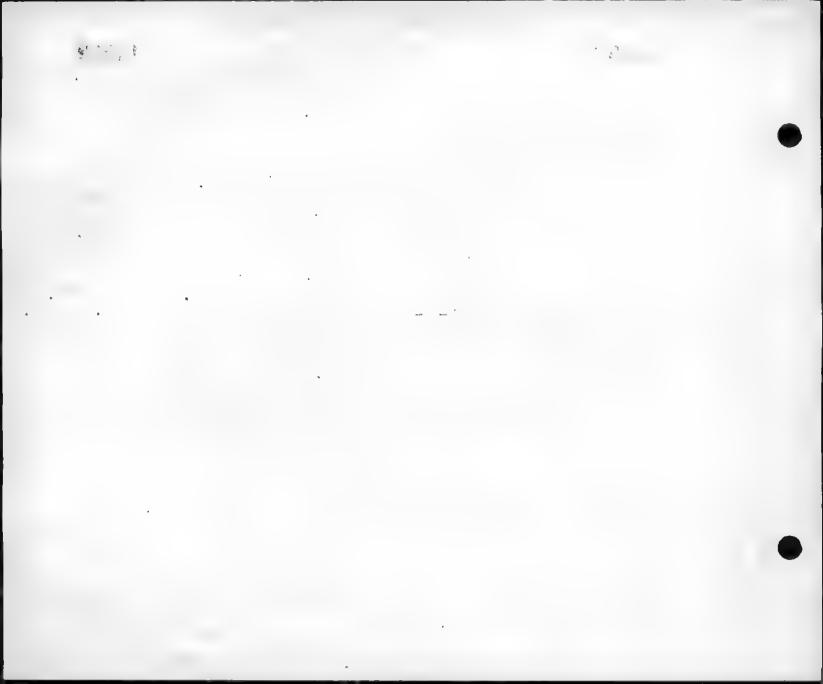
VR A15ME (5) 6M 1/66 Director Colon Centes 84984 Georgia Ave 250 RECD BY REGISTRAR SIGNATURE OCT 25 1966 Milanles Judge. E. Pumphrey, 2no. Silver Spring, Md Date OCT 25 1966 Milanles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		14303			CERTIF	ICATE	OF D	EATH			1430	12	
		PLACE OF DEATH	1				2. USUAL o. STATE	RESIDENCE (V	Vhere deceos	ed lived, if institut b. COUN	on Residence	before odmission)	1
			ontgomen		MARY C LENGTH OF STAY II	- 1	. CITY OR		ma		MI I		
		write RURAL ond	f outside corporate limit give negrest town)	1	0		_		1	te limits, write RUI	(AL and give ii	earest town)	
	_	CALC DE TO	a tark			ays	d. STREET	-lexan	dria			I e IS RESIDEN	<u> </u>
/	٥	Line of St.	aton San	1	+ Hr 3pita		171		cem mo	nwealth	ALLE	ON A FARA	A?
	i	NAME OF DECEASED	() Fi	st	Middle	(7	Los	1	4. DATE OF	Mont Use		Doy Year	
	5 5	Type or print)	6. COLOR OR RACE	7 MARRIED	Gerdand		DATE OF E	nu+1	DEATH	. AGE (In years	IF UNDER 1 Y		
	٠, د	M	white	WIDOWED	NEVER MARRIED DIVORCED		_	16-00		lost birthdoy)			Min
		USUAL OCCUPATION	(Give kind of work done life, even if retired)		ND OF BUSINESS OR		11 BIRTH	PLACE (County	& State, or for	eign country)	12 CITIZ	EN OF WHAT	
			Useduard +	hothrop				-Taly			(QD	1651600	
	13.	FATHER'S NAME	10	, .			7	R'S MAIDEN/N	TAME				
	1	Joinin 10		+,	codes engineers so	1 12 10		2phine	200	tors		A7	
	Ye:	was deceased eve s, no, or unknown)	RIN LS ARMED FORCES? (If yes give wor or dotes of	f service)	SOCIAL SECURITY NO		FORMANT		1710			Alex.	
					77-48-0945	Jan:	ina B	envenu	ti Up	mmonweal	on Ave		
		IB. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY:	se per line for	(o), (b), ond (c).)							INTERVAL BETWE	
			IMMEDIATE CAUSE	11	mich	The	nee	cheed	wa			aver	,
		76 2 1 Conditions, if ony,		(b)	beton	nef	The Care	/	Bac	Levia	0	down	,
		rise to immediat stating the under last.		TO (c)	hond	Cer	ger	wic.	Ca	cupe	+=in	nemet	9
`	ATION	PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT REL	ATED TO TH	TERMINAL	L DISEASE CON	IDITION GIVE	N IN PART 1(o)		19 WAS AUTOPS PERFORMED? YES NO	
	CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OF	CURRED. (E	nter noture	of injury in 1	Port I or Port	I II of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour a.n	10	20d II While				(Home, form fice bldg , etc.)		(City or town)	(Count	y) (Sto	le)
	ı	21. I certi	y that (I) (this hos	pital) atten,	ded the deceased	from	91:	5, 1	966,1	0 / 0 / 9	, 196	(, that (I) (we) los
			ceased alive an_	101	<u>Y1966</u> , c	ind that	death o	ccurred ot	4584 N	l, fram causes	ond on the	date stated a	bove
		22o. SIGNATURE	Dec	with	Creso	> M.D.	ATTENDI PHYS	ING 42	MED. DIRECTOR	STAFF PHYS.	22b. DATI	SIGNED	
		22c. PHYSICIAN'S NAME (Type)	12.000		8			ADDRESS					
	230	BURIAL, CREMATIC REMOVAL (Specify		REOF 66	231 NAME OF CEME		REMATORY		23d LO	CATION (City or To	wn) - (C	ounty) (Stot	в)
		FUNERAL DIRECTO	Ro Agh	C, 8	LADORESS	3/0	Va	250. REC'D	BY REGISTR	AR 2Sb RE	GISTRAR'S SIG	NÁTURE	
1	<u> </u>	receign the	-alley	inu	cax forme	وسليكمام	FCC.	I vare		1200	y Charry	The state of	

TO HOSPITAL OR ATTENDING PHYSICIAN: The fam requims that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending the case remaye carbon papers. Pages 1 and 2 director, page 3 shauld be detached for use as the burial-transit permit from please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaye, and in any event, within 72 hours after deaths. Page 4 may be retained by the haspital or attending physician



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

in them 18 Give Pages 1, 2, and 3 to pages ond 2 with the State Deportment of death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If only delay is

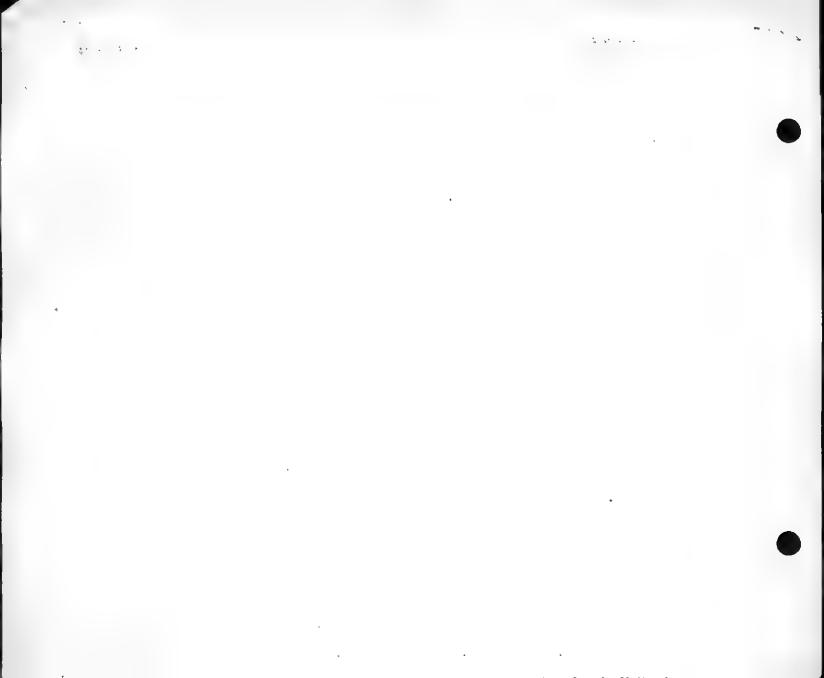
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner necessary, please execute the certificate, writing the word "pending" in pencil

Heolth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after 5 may be retained for your files.

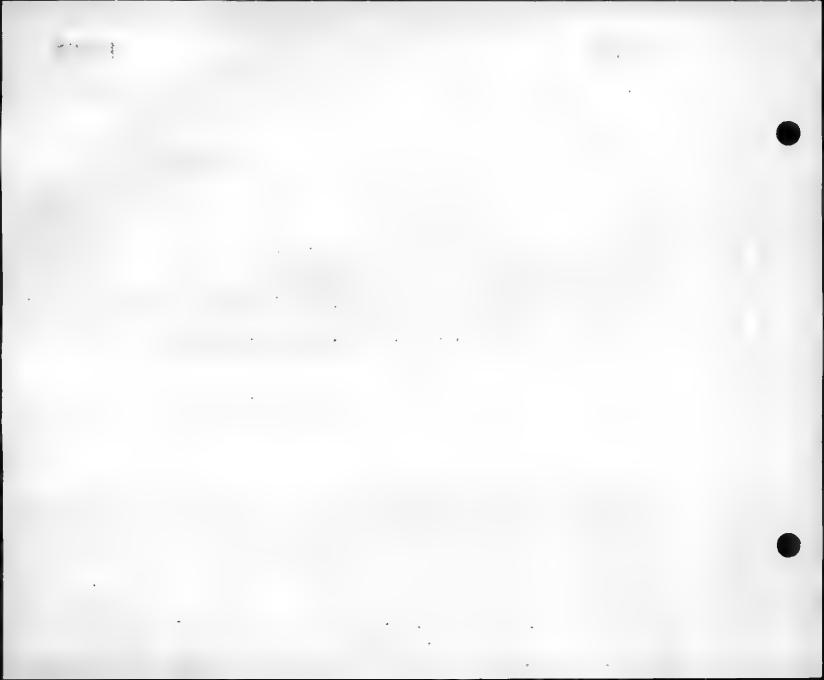
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

L	14304	MEDICAL EXAMINER 3	CERTIFICATE OF	r VEAITI	14303
Ī	PLACE OF DEATH			there deceased lived, if institution	
N	OCOUNTY, COMERCY	MARY, AND	Marralane Y	, COUNT	X SAMERY.
y	b CITY OF TOWN OF an Isodal cornorate Limits	c LENGTH OF STAY N 1b		side corporate imits write Rure	
	write RURAL and give nearest town)	DeA @1053m	16011 1		4.7
-	DE Thesda		138 thea	N	C DESIDENCE
	d MAME OF HOSPITAL OR INSTITLTION (If not n	hospitol, give street oddress)	d STREET ADDRESS	11:	e is residence on a farm?
	Juliur byn Hospita	9/	1014 ChA	i'L' Y CHE D	YES NO
3	NAME OF First	Middle /	Lost	4 DATE Month	Doy Year
L	(Type or print)	StePhen. BE	ERKMAN'	DEATH CONF	7 966
5	SEX 6 COLOR DR RACE 7	MARRIED NEVER MARRIED 🔲 E	B DATE OF BIRTH	9 AGE (In years	FUNDER I YEAR IF UNDER 24 HRS
1	rale up, te, v	VIDOWED DIVORCED [6	0-15-34	ost b rthdoy)	Months Doys Hours Min
	o USUAL OCCLPATION (Give kind of work done	TOP KIND OF BUSINESS OR	11 BIRTHPLACE (Stote of	or foreign country)	12 CITIZEN OF WHAT
du	iring most of working file, even if retired)	Gov Reshearch	Mew Yo	ork	COUNTRY? 5 A.
13	FATHER'S NAME		14 MOTHER'S MAIDEN N		
	MUTTY Ber	Kpran.	Mari	am. Smit	.
	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOC AL SECURITY NO 17 I	NFORMANT Fat	her Address	\$
1	'es, no, or unknown) (If yes give wor or dates of ser		rray Berk	_{nan} Same a	s Item 2.
F	18 CAUSE OF DEATH (Enter only one cause p		/ .	E.	N INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	Didler in Addition	ti. C. Coltre	Color attack	CO ONSET AND DEATH
	IMMEDIATE CAUSE (o) _	The Parket of the are	1	X	Ca -D SEUBOLL
	Conditions of any subjet name 5			and and	
	rise to immediate couse (o), (Dur 70				
	storing the underlying couse				
	- 17-	HOUSELLO ED DE LEU BUE HOS BELLASO ED 1	BUT TERMINA DIFFACE CO.	DIVIDE DUCK OF DADE AT A	In was surposey
S	PART II OTHER SIGNIFICANT COND TONS CONTR	IBUTING TO DEATH BUT NOT KELATED TO T	HE TERMINAL D SEASE CONF	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
CERT FICATION					YES 🔀 NO 🗌
RT FI	200 EXTERNAL CAUSE WAS PRIMARY ★ or CONTR BUTING □	206 DESCRIBE HOW INSURY OCCURRED (and the same of th		a
	CAUSE OF DEATH	Kan down bank	on to 1919 his	ay in The Path of	FAUTO.
MEDICAL	20c TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form,	20f (City or fown)	(County) (State)
A.	10 30 pm 10 7 1966	ot work O ot work W Hile	ory, street office bldg, etc.)	Bethesa	a Mont- Md.
	21. I certify that I taak charge af	the remains described above, hel	la an Autapsy 🕱 ,	Inspect an 🔼 , Inqui	ry 🔀 and n my apinian
	death resulted fram: Natural co	iuses 🔲, Acc dent 💢, Suici	ide 🔲, Hamicide	Undetermined ma	nner 🗌
	ACTUAL O		CHIEF MEDICAL E	EXAMINER	
П	SIGNATURE Communication	· Jack	M D ASSISTANT MED (CAL EXAMINER	22. DATE SIGNED
П	EXAMINER'S		DEPUTY MEDICAL	LEXAMINER 📈 - / O	18/66.
	NAME (Type)		Address (Street,	city, town, or county)	
23	O BURIAL CREMATION, 236 DATE THEREO			23d LOCATION (City of Town	n) (County) (State)
	REMBURIER 10/9/60	5 Wellwood C	em.	Pinelawn,	New York
7	4. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 256 REG	STDADK SIGNAM DE A
	Robert A. Pumphi	cev. Bethesda, Md	DATE	CT 1 1 1956	Tilliarles Judge

VR A15ME (5) 6M 1/66



		14305	CERTIFICATE OF DEATH	4304
€ ←流虧 /	-		O HEIM REPORTED ON A TOTAL OF THE PROPERTY OF	2007
function of the control of the contr		O. CDUNTY NONTGOME		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
y the fur Pages Y urs after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town)	6. 30AS CITY DR TDWN (If outside cosporate limits, write RURAL and g	ve negrest town)
within 24 hours after tely filled in by the fu rban papers. Pages , within 72 hours after		d. NAME OF HOSPITAL DR INSTITUTION (If not in	hospitol, give street oddress) d. STREET ADDRESS Hue	e IS RESIDENCE DN A FARM?
ii e e e e e e e e e e e e e e e e e e	_		7,10-1	YES NO
campletely ove carban y event, with	3	NAME OF DECEASED (Type or print) MICHAE	The state of the s	23 1966
e executed withing and completely finemove carbon n any event, with	2		MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDE lost birthday) Months NOTE: 1 of the property of the propert	Doys Hours Min
in and constructions	10 d u	USUAL DCCL PATION (Give kind of work done	10b KIND DF BUSINESS DR 11 BIRTHPLACE (County & Stote, or foreign country) 12.	DUNTRY? USA-
icate bu		FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
h certifi ing phy Then emova		Joseph Bianchini	. Unknown	
es that the death certificate be executed within 24 hours after death sicion. ed by the attending physician and completely filled in by the funetal baltransit perme. Pages I and altransit perme. Pages I and altransit perme.		. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of ser	16 SOCIAL SECURITY NO. 17 INFORMANY 4/2s. Anna Catino Agroo (8)	astern Ave. Spring, Md.
the day	F	IB. CAUSE OF DEATH (Enter only one couse poper in DEATH WAS CAUSED BY-		INTERVAL BETWEEN
y the nusit		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o) _	Intracerebral hemorrhage, right parietal	ONSET AND DEATH
physician. signed by th burial-transi		443 X DUE TD	lobe	
ahys igne uria		Conditions, if ony, which gove (b) _	Tope	
2 5 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5		stoting the underlying couse DUE TO	Hypertensive cardiovascular disease	
AN: The law all ar attendinates has bee for use as the Health prior	ATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND
Ilan Ificat Far Far FHE	CERTIFICATION	20° ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE DE DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	205. DESCRIBE HDW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)	
마는 + e e	MEDICAL	20c TIME DF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	20d INJURY DCCURRED 20e PLACE DF INJURY (Home, form, While of work of work 10th of work 20f (City or fown) (City or fown) (City or fown)	ounty) (State)
be Stat		21. I certify that (I) (this hospita	1) attended the deceased from 1964 19 to 10-23 19	66, that (I) (we) last
ATTENDIN stained by CTOR: Afte should be ith the Sta		sow the deceased alive on OC		the dote stoted above
≅ ⊞ ≷		220. SIGNATURE Labert		DATE SIGNED 10-23-66
- - 872		22c. PHYSICIAN'S ROBERT	KRAMER 22d ADDRESS 8484 1645T.	85 Nd.
O HOSPITA lage 4 may O FUNERAL director, po	23	BURIAL, CREMATION, 236. DATE THEREO		(County) (Stote)
TO HO Mage To FUN direct	B		1966 St. Peter's Cemetery Mt. Carnel, Penn	
VR A15 (4) 20 M 1/66	3	FUNERAL DIRECTOR Clink &	Wish 8434 Georgia Ave. 250 RECT BY REGISTRAR 256 REGISTRAR'S	
20 M 1/66		THURK & Dumphagu Inc	Silver Spring Ma DATE OCT 25 1956 Police	meles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

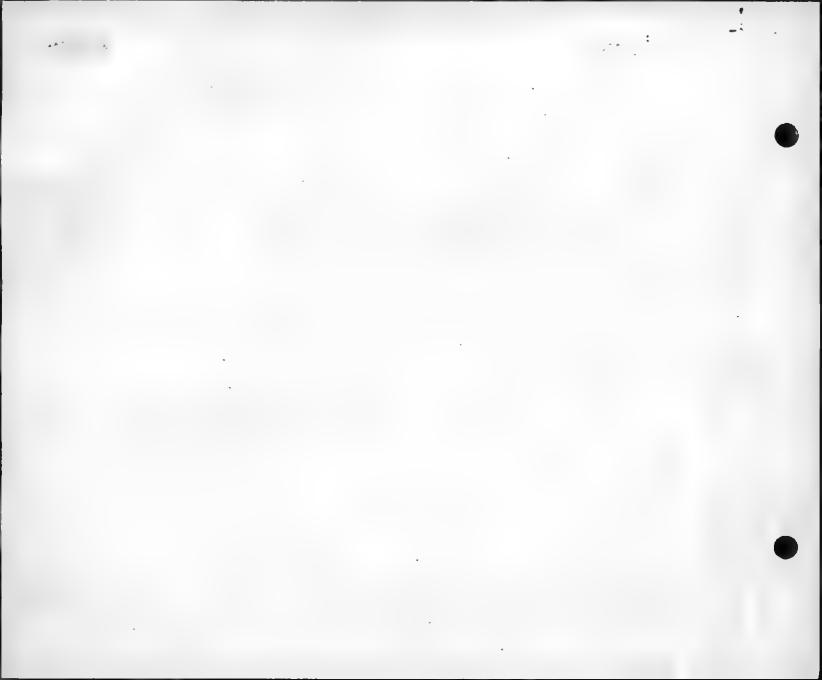
14306

CERTIFICATE OF DEATH

14305

1		2 2000									
		PLACE OF DEATH			there deceased lived, if institution		before admission)				
	(O. COUNTY MANTER PROPERTY	LARYLAND	o. STATE	b. COUNTY	Morning	-PIMERV				
		b CITY OR TOWN (If autside corporate limits, c. LENGTH OF ST.		c CITY OR TOWN (If do	tside corporate limits, write RURA	I and give r	tenrest town				
	·	write RURAL and give negrest town la				L diva girs ii	1231				
		SILVER STRING 350		BETHES	DM		1 IF DECIDENCE				
	(d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	,	d. STREET ADDRESS		0	B IS RESIDENCE ON A FARM?				
. 8		HOLY CKOSS HOSPITAL		7989 -10		VR	YES NO				
		NAME OF First Middle DECEASED		Lost	4 DATE Month		Day Year				
		(Type or print) LEH NORA M	B	iciocch.	DEATH / ()		27 19 66				
	5 :	SEX 6 COLOR OR RACE 7. MARRIED NEVER MAR	RIED 🔲	B DATE OF BIRTH			EAR IF UNDER 24 HRS.				
	F	EMALE HHITE WIDOWED DIVOR	RCED 🔲	9/1/26	4C yrs.	MOHINIS	node Mills				
	10o.		EN OF WHAT								
	duri	ing most of working life, even if retired) INDUSTRY Secretary	TTAL	V	COUN	J ^{RY?} S.					
	13.										
			14. MOTHER'S MAIDEN N								
	Louis Lanuti Louis Lupini Is was DEFFASED EVER IN U.S. APMED EDROFS? 16 SOCIAL SECURITY NO. 17 INFORMANT TILLO and Address										
Nes no or unknown). If we give wor or dates of service											
	No Mario E. Biciocchi Same as										
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY:										
Immediate Cause (a)											
Conditions, if any, which gove) (b) CEREBRAL METASTASES											
		rise to immediate cause (a), Outs To									
		soling the underlying cause (c) CARCINOMA OF BREAST									
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?				
1	4T10	NONE					YES NO S				
	IFIC		Y OCCURRED.	(Enter nature of injury in I	Port I or Port II of Item 18.)						
	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			•						
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED	20e PLA	CE OF INJURY (Home, form	, 20f (City or town)	(Count	ly) (Stote)				
	MED	Haur o.m. 19 While Nat While r	foct	ary, street, office bldg., etc.)							
		p.m. 19 at work 1 at work 2 21 1 certify that (1) (this haspital) attended the decease	ad forms "?	35 / / 1	015 4077 77	10//	that (I) (ma) (ast				
		sew the deceased alive an act, 26 1966	and the	t death accurred at	7 244 M from courses of	nd on the	Ly that (i) (we) last				
		22d SIGNATURE	_, 0110 1110	i degini deconted di	Z	22b. DAT					
		1 know to Ours	M	D. PHYS.	MED. STAFF DIRECTOR PHYS.		27 1966				
		72c PHYSICIAN'S		22d ADDRESS							
/		NAME (Type) THOMAS F. G CONN	SRH	0 8218	WISCONSIN AS	r, BE	THESDA, M				
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF C	CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	o) (c	iounty) (State)				
		REMOVAL (Speculy) Burlal 10-31-66 Arling	ton N	latl Cem.	Arlington	. Vin	rginia				
	24	A FUNERAL DIRECTOR ADDRESS		2Sq. REC'D	BY REGISTRAR 2Sb. REGI	ISTRAR'S SIG	NATURE				
		ROBERT A. PUMPHREY, Bethesda	, Mar	yland DATE	V 1 1966 8	Mark	es Judge				
				2100	- '		· · · · / · · · · · · · · · · · · · · ·				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priarta burial, crematian, ar removal, and in day event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2 USUAL RESIDENCE (Where deceased lived, f institution. Residence before admission)

COUNTY

F UNDER 1 YEAR

Dovs

12 CITIZEN OF WHAT

Address 206 Stonington &

(County)

(County)

COUNTRY ?

Months

S RES DENCE

ON A FARM? YES NO 1

1966

IF UNDER 24 HRS

Hours

NTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

ond in my opinion

22. DATE SIGNED

NO

(Stote)

FOR STATE

P.M3. Page

farm

alang with

Office

the Chief Medicar

farwarded to

4 shauld

director

the funeral

please execute the certificate, writing the ward

tem 18 Give Pages 1,

24 haurs after death

be executed within

This certificate should

CACAL EXAMINER:

TO DEPUTY

delay and 3 14307

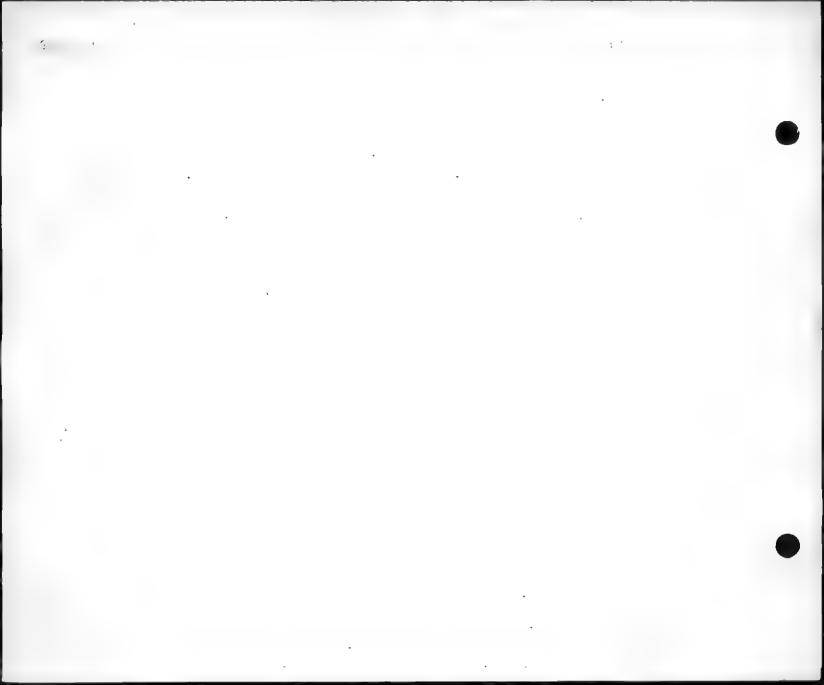
PLACE OF DEATH

Department of death after haurs State event within 72 with the 5 land2 any e ⊑ 6 and permit remayal, burial-transit ö burial, crematian, o S used (designated agent, priar ta þe 3 shauld ar yaur

be retained Ypu

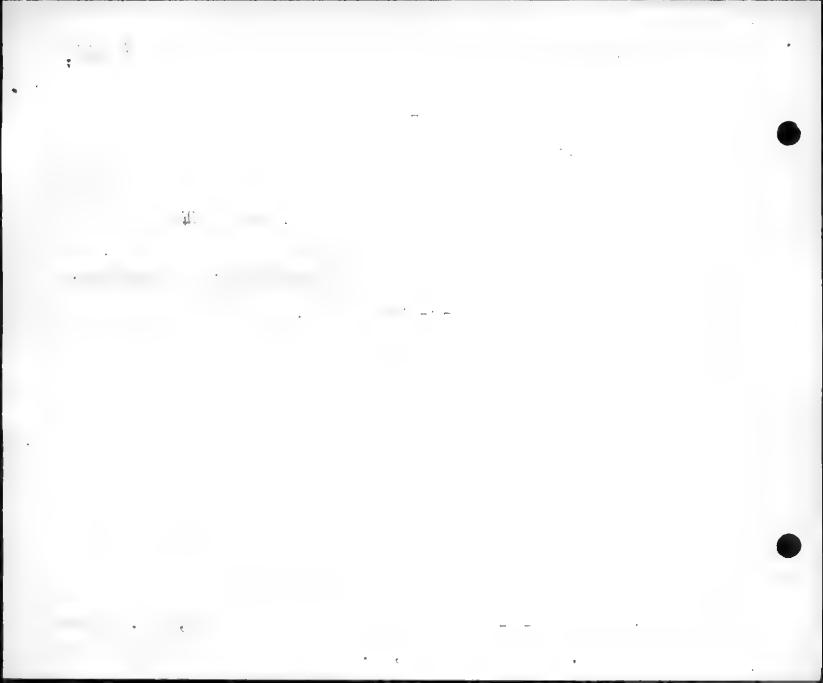
MONTGOMERY MARYLAND 1ontacmery b CITY OR TOYO (If outside corporate mits, c LENGTH OF STAY IN 1b TOWN, f outside corporate limits, write RURAL and give nearest town) wr te RURAL and give nearest town) D.O.A. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3 NAME OF OF DEATH DECEASED (Type or print) AGE (In years S SEX 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthday) WIDOWED DIVORCED December 22 temale IOa USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State of foreign country) during most of working life, even firetired) INDUSTRY County ocassassassas Housewig Dwn Home 13 FATHER'S NAME OZAR JOHES WAS DECEASED EVER No. 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes no, or unknown) (If yes give war or dates of service) 246-38-5387 Blalock-CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)) PART I DEATH WAS CAUSED BY Acute intestinal obstruction due to MMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove strangulated right femoral hernia rise to immediate couse (a), DUF TO stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month Dov Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Hour om Not While factory, street office bldg etc) FUNERAL DIRECTOR: Page ot work 21 I certify that I took charge of the remains described above, held an Autapsy. deoth resulted from Natural causes [X] Stricide **Accident** Homicide Undetermined mariner CHIEF MED CAL EXAMINER **ACTUAL** SIGNATURE Grandview AUOFFLTY MEDICAL EXAMINER Health ar Belden R. Wheaton. NAME (Type) Address (Street, city, town or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION Parklawn Cemetery Oct. 1966 250 REC D BY REGISTRAR Carter

VR ATSME (S) 6M 1766



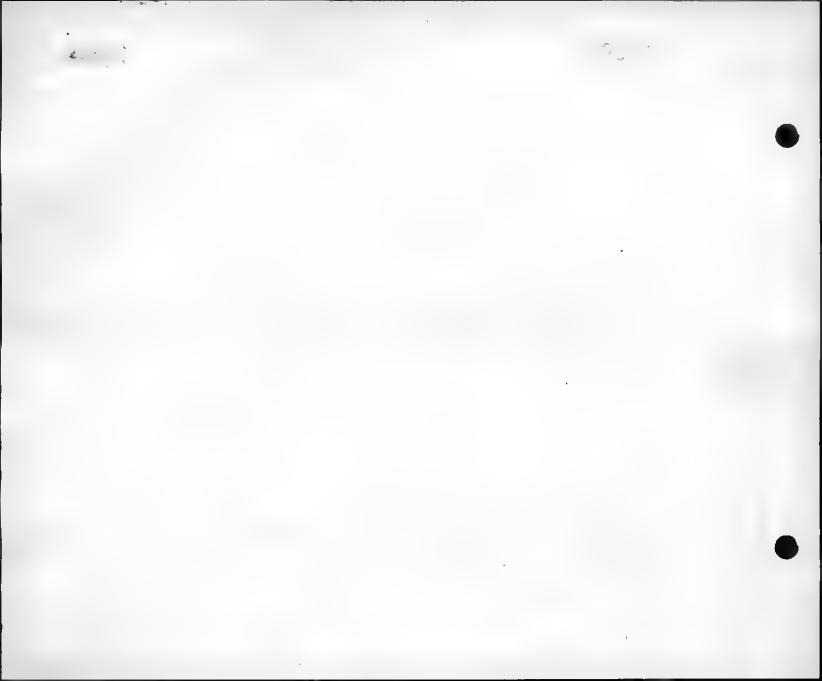
14303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) n. COUNTY o. STATE P.M3. Page Marvland degith, Montgomery Montgomery MARYLAND Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DOA after Germantown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 8. Give Pages 1, Montgomery General Hospital (DOA) Box 176, RFD YES TO NO 910 24 haurs after death alang with 3 NAME OF First Midd e 4. DATE Last Month DECEASED OF the Edward Waters Blunt (Type or print) DEATH within S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED last_birthday) Months WIDOWED D VORCED Hem 18 Male White event 10a, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Salesman INDUSTRY COUNTRY? any American Sales Co. d "pending" in pencil in Chief Medical Examiners pages in any Haryland U.S.A 13. FATHER'S NAME be executed within 14 MOTHERS MA DEN NAME Mal sold in Emanda Waters Samuel Blunt 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address son-in-law (Yes, na, ar unknown) (If yes give war ar dotes of service 216-24-0012 John A. McGrath, 18820 N.H. Ave. Ashton, Md. IB. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (a) This certificate shauld the ward crematian, 4201 DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause farwarded last OS burial, WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? NO ₽ CERTIFICAT þe 20a EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) 3 should PRIMARY I or CONTRIBUTING [1] shauld .AL EXAMINER: CAUSE OF DEATH its designated agent, 3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm (City or town) (County) (State) Hour a.m. Nat While factory, street, affice bldg, etc.) may be retained far yaur FUNERAL DIRECTOR: Page 19 at wark at wark 21. I certify that I taak charge of the remains described above, he'd an Autapsy (Inspection Inquiry and in my opinion death resulted from. funeral directar Natural causes Homicide Undefermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or i **EXAMINER'S** NAME (Type) the t CIMETERY OR CREMATORY 23g. BURIAL CREMATION 23d. LOCATION (City or Town) 50 10-25-66 Goshen Goshen. Mont. Maryland 24 FUNERAL DIRECTOR Charles VR A15ME (5) Francis H. Barber Laytonsville, Md.

6M 1766



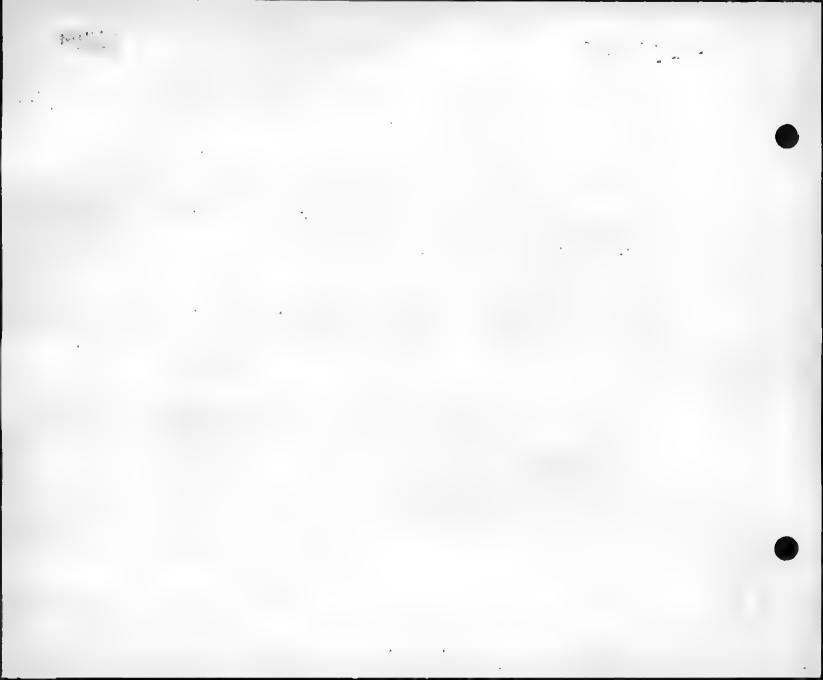
7		14309			CERTIFICA	TE OF	DEATH			143	US.	
Ī		LACE OF DEATH						there deceased liv			before odmis	ssion)
- 1	0.	. COUNTY	vt come	PI	MARYLAND	o. ST	MARY	LAND	b. COUNT	Mat	Trace	n6PJ
- 1	Ь	CITY OR TOWN (If	outside cornorate imi		ENGTH OF STAY IN 16	c CITY	OR TOWN (If out	tside corporate lim	b. COUNTY ote limits, write RURAL or RING Month Month Address PAGE (In years IFI lost birthdoy) Mor STAFF PHYS. CATION (City or Town) STABLE ADDRESS and CATION (City or Town)	il and give n	earest town)	
		write RURAL and	give nearest town)	40.00	130A45	5	1 1160	5000	an it	Month E Months Day Yrs Months Day Yrs 12. CITIZEN COUNTR Modern Months Day Yrs 12. CITIZEN COUNTR MC EL C. Address Common Ava. 1 (County) 1 (County) A (County) Courses and an the courses are considered an another courses and an the courses are considered and an another courses are considered and an another courses are considered and an another courses are consi		
ŀ	d		OR INSTITUTION (If n		reet address)	d STRE	ET ADDRESS	- Jane	z. v.		e IS RE	SIDENCE
1		Holy C	ROSS HO	SpitAL		3	11 Pin	15 WOOD	LAY	E.	YES _	NO Z
		IAME OF	F	irsf	Middle	1	ost	4 DATE	Month	,	Doy	Year
	(1	FCEASED Type or print)	EL	-120hot	6 G.	Bal	esby	OF DEATH	0.7	·		966
	5 5	EX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE O	F BIRTH	9 AGE	(In years			DER 24 HRS.
		F	4)	WIDOWED	DIVORCED _	14/-	10/01			MOUNTS	ofz Lioni	2 Mills
			Give kind of work done		F BUSINESS OR	YI. BIR	THPLACE (County I	& Stote, or foreign	country)		N OF WHAT	
	duni	mg most of working .		PINDUSTI	75 5CHOU	2 1	MASS.			COUN	IRY?//5	A
	13	FATHER'S NAME	~	127 77 72	<u>/ _ </u>	14. MO1	THER'S MAIDEN N		11			
		JOHN	J. C.L.	EMC4		EL	ZABE	THY F.	Me	EL	ROY	
ŀ	15	/ - /	IN U.S. ARMED FORCES?	16. SOCIA	L SECURITY NO.	7 INFORMAN	IT		Address	5	1	
	(Yes	, no, or wiknown) (If yes give wor or dates	of service)	vous ;	Tribal (O BONS	84-827	Ricited	un Ar	551L	SPM
	-	10 CAUSE OF DE	ATH (Enter only one co			27/10			1 (2 ()))		INTERVAL E	RETWEEN
		PART I DEATH	I WAS CAUSED BY.	Acres 1	rin Vi	imi	97			}.	ONSET ANY	
		2200	IMMEDIATE CAUSE	(0) / C/ 20	, ,						-//-	
		Conditions, if ony,										
		nse to immediate	couse (o), ((b) E TO								
	- 1	stoting the underliast.	Ying couse									
	ŀ		MICICALIT CONDITIONS	(c)	ATH DUT NOT DELATED	TO THE TERMS	HAL DISEASE CON	DITION CIVEN IN	DADT 1/a)		19. WAS AT	DTOPSY
6	<u>8</u>	PART II. UTHER SIG	MIFICANT CONDITIONS	CONTRIBUTING TO DE	AIR BUT NOT KELATED	IU INE IEKMI	NAL DISEASE CON	או אווייט אטוווטו	PAKI I(U)		PERFO	RMED?
	CERTIFICATION			Loni accordi	t the state with the definite	to the	.1.2. 2.0	D 4 1 D 4 11 4	1. 161		AE2	NO _
	XI.	200 ACCIDENT WAS OR CONTRIBUTING [TCAUSE OF DEATH	205. DESCRIB	E HOW INJURY OCCURR	LED (Enter not	ure of injury in l	Port I or Port II of	item 18)			
	٦	(IF EITHER, NOTIFY N	AFDICAL EXAMINER)					1 000		- 10		ie. i i
	MEDICAL	20c. TIME OF INJUI	RY Month, Doy, Yeor	20d INJURY While	OCCURRED 20e		JRY (Home, form office bldg, etc.)		y or town)	(Count	Y)	(Stote)
	≅L	p.m.	. 19	ot work	ot work							
					the deceased from	1_9/	20.	966, to 1	0/6	, 19_6	6 that (I)	(we) las
			ceased alive on_	10/6	19_ <u>C b</u> , and	that death	occurred at	6,45 PM, tro	ım causes a			ted above
		220 SIGNATURE	Atti. VI	mud. CV	21/15		NDING 🔀	MED.			/	_
	- 1	Kove	ya 11	wicoxo.	WWww	M.D. PHYS	ADDRESS	DIRECTOR L	PHYS. L	10/0	// /6	
		22c. PHYSICIAN'S NAME (Type)	ROBERE	A. ME	NDELSOHA	1 //	ADUKESS	2 ING 57	-510	12n 3	PRINC	MD
- 4			100001	77		/						10
	230	BUR AL, CREMATION DEMOVAL (Specify)	23b DATE TH	SEREOF 23	NAME OF CEMETERY	100		23d LOCATIO	20	n) (C	ounty)	(Stote)
	10	JURIOR	17/1/1	100	1 SOSEPH	, cay	167629	DV DECISTO LD	7 4 - 31.00	TETRADIC CO.	MATURE	15
	24	FUNERAL DIRECTOR	HAMBINI	INC. 5,	ADDRESS	N6 M	72	BY REGISTRAR		ISTRAR'S SIG		
	w		1.1 151 000	7/1	ar war all has	/	DATE O		9\$6 2	Mary	en Jaco	100

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and lead to be filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept, of Health priar to burial, crematian, or removal, and many event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

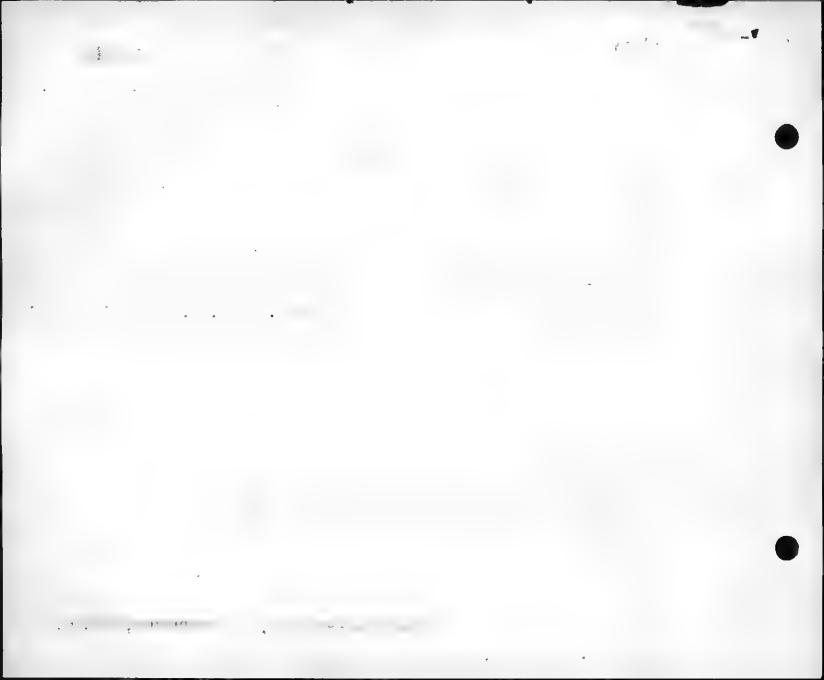


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
14304 14310 CERTIFICATE OF DEATH

モニス書	1	-	1 1010				O MENTAL PRESCRIPTOR	ned)	1 P - 2 7 - 474 A	D (1)	
r death	/		LACE OF DEATH				2. USUAL RESIDENCE g. STATE	(Where deced	ised lived, it institut b. COU	VTV	
fun l			liontromery Cou	ntv	MARYL	AND	Mary			Hontge	omery
ofte he aft			CITY OR TOWN (If outside corporate I mi	\$,	c. LENGTH OF STAY IN	lb	CITY OR TOWN (IE	outside corpor	ote limits, write RU	RAL and give neor	est town)
24 haurs after deatled in by the funeral pars. Pages I and 372 haurs after death			write RURAL and give nearest town)	ney	lidays		Rockvill	Le		13	./
d in pers. 72 h			NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospital, i	give street address)		d. STREET ADDRESS		/		e IS RESIDENCE ON A FARM?
outhin 24 ha ly filled in l oon papers. within 72 ha	14		Montgomery Gene ra	L Hospi			Boswell]	Lane	(10700)		YES NO 🔀
at A to the state of the state			IAME OF F DECEASED	rs†	Middle		Lost	4. DATE	Mon	th D	oy Year
completely for completely for carban y event, with			Type or print) John	C	harles	Bos	swell	DEATH		30	1966
uter pl		S. 1	EX 6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years	Months Doys	
execution company of any event			M W	WIDOWED	DIVORCED		5 -1 7 -7 7		lost birthdoy) 89 yrs.		
on on			USUAL OCCUPATION (Give kind of work done ng most af working life, even if retired)		ND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Count	ly & Stote, or f	oreign country)	12. CITIZEN COUNTRY	Y2
ate b		R	etired farmer	"	Farming		Maryla	and			U.S.
ica ica			FATHER'S NAME				14 MOTHER'S MAIDEN	NAME			
that the death certificate be executed within in. by the attending physician and completely fille ransit permit. Then bear remove carbon paremation, ar removal, and in any event, within			Charles Boswell				Mary V	Vilbur			
in in in			WAS DECEASED EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO		NFORMANT		Addr		
attendi ottendi permit.			s, no, ar unknown) (If yes give war or dates NO	of service)	18-24-0444	Be	essie E. B	oswel	l - wife	- same	Item #2
the attention,			18. CAUSE OF DEATH (Enter only one co	use per line for	(a), (b), and (c),)						NTERVAL BETWEEN
# # # E					Minimum	. 0	Acres	2-2-	y.		ONSET AND DEATH
that ton. by the transit cremai			IMMEDIATE CAUSE		1	/	1		-		7
res sici			Conditions, if ony, which gave	is Con	restin.	L.	. V Lais	luc.			ladas.
phy phy sign bur			ase to immediate cause (a),	(b)	gestur	,,	and he				0
ng ng to to			stoting the underlying couse lost.		tussaleis				Lesins	,	10 m
e tow tendi			PART II, OTHER SIGNIFICANT CONDITIONS								9. WAS AUTOPSY
AN: The off or off or off or use of Health p		CERTIFICATION	PART II, OTHER SIGNIFICANT COMPITIONS	UNIKIBUTING	TO DEATH BUT NOT KEEA	10 10 1	DE TERMINAL DISEASE C	UNUTTION SI	CH IN FAKT 1(0)		PERFORMED? YES NO K
He He		FEC	200 ACCIDENT WAS UNDERLYING	205. Di	SCRIBE HOW INJURY OC	CURRED.	Enter nature of injury i	n Part 1 or Pa	ort (1 of item 18.)	-	
音楽作品を		CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
HYS has specified		3	20c, TIME OF INJURY Month, Doy, Year	20d I	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fo	rm. 20f.	(City or town)	(County)	(Stote)
a the second		MEDICAL	Hour o.m.	While		focto	ory, street, office bldg., et	t.)			
ING by t ter ter tote		_	p.m. 19	of wor		t	20/21	10 / /	10/20	10//	Aban III Isaa Isaa
N A P A P A P A P A P A P A P A P A P A			21. I certify that (I) (this ha	spiral) atten	ded the deceased t	rram nd_that	death accurred o	17 <u>06.</u> 11/3754	M from course	and on the d	ata stated shave
TTE Since			saw the deceased alive an_	10/01	1989, 0	na ma	dealli accorred c	11 \(\frac{1}{49(3.3. \frac{1}{4} \).	m, iruiii tuoses	22b. DATE SI	
reference A			100	٠ ،			ATTENDING [7]	MED.	STAFF C	7 ZZD. DAIE SI	DIKED
ed ed ed			22c. PHYSICIAN'S	Jan	7	M.C	22d. ADDRESS	DIRECTOR	PHYS. L	<u> </u>	
may may be file	2		NAME (Type) 4. 73 /	BONIA	FANT		5dx4	54	h	1-1	
다 스 플 P P	#	_						/		, 1 57	
O HOSPITAL Page 4 may D FUNERAL director, pot	r	230	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify)		23c. NAME OF CEME	ì	KEMATORY		OCATION (City or To	,	,,
5 5 8 2 2 2	V		REMOVAL (Specify) 11/2/	66	St/ Mary	5			ville, M		
VR A15 (4)	1.		funeral director yson Wheeler 13	31 Roo	k. Pike, I	Rodk		C'D BY REGIS	1	GISTRAR'S SIGNAT	
VR A15 (4) 20 M 1/66	7.	4	Apolt Milecter, The) I 1.00	We vivo	CLIL	A DATE	10V 2	19\$6	Milarle	Judge.



TIV	1)		14311		CERTIFICA	TE OF	DEATH		143	10
funeral l ond i			PLACE OF DEATH	- / -			AL RESIDENCE (W	Vhere deceosed lived,	if institution Residen	ice before odmission)
			19	ontermery	MARYLAND		11.0		mo	n Jeffm uy
hours after by the fui s. Poges I h≡υrs after			b CITY OR TOWN (IF write RURAL and	outside exporate limits, give, negrest town)	C LENGTH OF STAY IN 16	r. CITY	OR TOWN (IF our	tside corporate limits,	write RURAL and giv	e netitest town}
by Person			A MANT OF HOSPITA	A OR INSTITUT ON (If not in hospital	o crays	1 5700	ET ADDRESS	resall	1-1	e IS RESIDENCE
24 hc led in opers. n 72 h	1		G. NAME OF HOSPIJA	Talkules	/ ** ** *	/-	CA 7	Ba	if	ON A FARM?
within 24 horely filled in the bon popers.	ű.	3	NAME OF	First	Middle		lost I	4 DATE	Month	Doy Year
be executed within 24 hours after and completely filled in by the fure remove corbon popers. Pages I in omy event, within 72 heurs after			DECEASED (Type or print)	Elizabeth		Bon	des	OF DEATH (Tet	5- 1966
uted mpli ve α		5	SEX	6 EOLOR OR RACE 7 MARRIE	D X NEVER MARRIED	8 DATE (F BIRTH	9 AGE (In	yeors IF UNDER thdoy) Months	1 YEAR IF UNDER 24 HRS Doys Hours Min
and compression of the compressi			7	WIDOWE		1 2/	7/12-	54	yrs. 6	28
be n an an din din		10e duri	JSUAL OCCUPATION ing most of working li		INDUSTRY _	1 /7	7	& State, or foreigh coun		TIZEN OF WHAT
sition please l, and		13.	FATHER'S NAME	maker		14. MC	Checomer MAIDEN N	IAME	relgen	4.014
he death certificate be attended by attended or permit. Hen please rion, or removal, and in			R	ilado So	tockton			Le L.	Gollar	
eath certification in Ting phy nit. Then or removo						7. INFORMA		ısband	Same as	Item 2.
attanili attanili permit.			No	(If yes give wor or dotes of service)	Unknown V	Villi:	am Y.B:	rady, Jr.	Dalle as	LUCIN Z.
thot the death on. by the attenticement.			18. CAUSE OF DE	ATH (Enter only one couse per line H WAS CAUSED BY.	for (o), (b), ond (c).)	_	0 /	1 . 0	1	ONSET AND DEATH
thot ton. on. by the mosit			4221	IMMEDIATE CAUSE (o)	react any o	car	exec	C. C.	election,	1 40-5
ires ysici med ial-t			Conditions, If any,	which gove) (b)	De la partir de la constante d	ait	02025	large		7
ph ph sig			rise to immediate stating the under	cause (o), (DUE TO	1					
ownding			last.) (c)						
The latter atter	-	NO	PART II OTHER SIG	NIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED	TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PAR	T 1(o)	19. WAS AUTOPSY PERFORMED?
ICIAN: The pital or a rifficol to lose of Health		CERTIFICATION	20o ACCIDENT WAS	(MDERLYINGET) 20k	DESCRIBE HOW INJURY OCCURR	ED (Enter no)	O Prop	Port I or Port II of its	m 19.)	AEZ NO
spita priffic ad for of H		CFRT	OR CONTRIBUTING	CAUSE OF DEATH	DESCRIBE HOW HISORY OCCURR	LE (CITE 110	iore or impry in r	1011 1 01 1011 15 01 110	11 10.)	
S PHYSIC the hospi this carti detoched e Dept. o		MEDICAL	20c TIME OF INJU	RY Month, Day, Year 20d			URY (Home, form		town) (Co	unity) (Stote)
		ME	Hour o.m p.m	16 711	vork O ot work	9	, office bldg., etc.)		,	
After After e Stol				y that (1) (this hospital) att	ended the deceased from		122,1	1	5 , 19	4 that (I) (we) last
ATTEN stoined CTOR: / SFould ith the			saw the de	crased dive of	15 196 G, and	that death	accurred at	II AM, fram		he date stated above.
_ = = ≥			220 SIGNATURE	41 June		M D. PHY	NDING D	MED ST.	AFF IYS. D 10	1-11
may be RAL DIR			22c. PHYSICIAN'S	VILE	Kan		ADDRESS .	11 de	100	
SPIT 4 mc 4 mc or, I d be	/		NAME (Type)		reuzbu.	791	113 2	- 16 -	co (m	Bl. 12 DC
TO HOSPITAL OR Poge 4 may be to Fullinkal DIN director, Roge 3 should be filed		230	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY Rock Creel			23d LOCATION ((County) (Stote)
54.5 5			ITLAL FUNERAL DIRECTOR		ADDRESS		- Y-1	BY REGISTRAR	25b REGISTRARS	D. C.
VR A15 (4) 20 M 1/66			ROBERT A		Bethesda, Ma	rylar			66 Milia	nles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14312 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and funerai deat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased liked, if institution: Residence before admission) o. COUNTY lease remave carban papers Pages 1 and in any event, within 72 haurs after MARYLAND by the tr b. CITY_OR_FOWN (If autside carporote) LENGTH OF STAY IN 16 CITY OR TOWN-II! adtside corporate limits. NAME OF HOSPITAL = d. STREET ADDRESS not in haspital, give street address) IS RESIDENCE ON A FARM? filled YES NO 3 NAME OF Last 4. DATE Day DECEASED

Hype or print) OF / DEATH AGE (la years 6-COLOR OR RACE IF UNDER 24 HRS MARRIED NEVER MARRIED IF UNDER 1 YEAR (Applying - 150) Months Dovs Haurs DIVORCED WIDOWED and 106 KIND OF BUSINESS OR 100 USUAL OCCUPAT ON (Give kind of work done (County & State, or foreign 12. CITIZEN OF MERAT please during most of working life, even if retired) physician 13. FATHER'S NAME burial, cremation, ar remayal, attending phys S WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, no, or unknown) ((I yes give war ar dates of service) 16. SOCIAL SECURITY NO. INFORMANT parmit. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a) 7b). signed by the burial-transit g PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), **DUE TO** has been stating the underlying cause ue aerached far use as the State Dept. af Health priar ta last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY Afforme, farm, 20f. (City or town) (County) (State) Hour o.m factory, street, affice bldg . etc.) Not While at wark 21. I certify that (1) (this haspital) attended/the deseased fram. director, page 3 shauld shauld be filed with the and that death accurred at 7. V. M. from couses and on the date stated above. saw the deceased alive on 2207 SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS. 22d. ADDRESS NAME (Type) --23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) remation Lee's Crematory Washington 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 death. requires that the deoth certificate be executed within 24 hours after death. funerol 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) a. COUNTY b. COUNTY Montgomery District of MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b t CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Washington Germantown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ottending physician and completely filled in sermit. Then please remove carbon papers. d STREET ADDRESS IS RESIDENCE ON A FARM? 2721 Ordway St. N.W. Marylander Hursing Home YES NO TO 3. NAME OF Middle Last DATE Month Year DECEASED Adelaide Brooke Mary 31 1066 Oct. (Type or print) DEATH AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B DATE OF BIRTH IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last prihady) Days 6-5-1886 any Female White MIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CIT.ZEN OF WHAT during most of working life, even fretired)
Housewife COUNTRYS . A. INDUSTRY puo Virginia 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME or removal, Wilson Helen Virginia Smith George WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na. ar unknown) If If yes give war ar dates of service) See Item No. 2 Herbert Brookesigned by the otter burial-transit perm burial, cremotion, a INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per June foy (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause hos been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate by the hospital or 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or Iown) (County) (State) Haur a.m. factory, street, office bldg, etc.) **Nat While** at work at wark 1965, to 10 19 (a/c that (I) (see) last 21. I certify that (I) (this hospital) attended the deceased from Z be retained 10126 1965, and that death occurred at 11/11/2M, from couses and on the date stated above. saw the deceased olive on... 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF director, poge 3 should be filed v M.D. PHYS DIRECTOR 22c. PHYSICIAN'S Ridge Road. Damascus. James P. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. 8 IRIAL CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAD (Specify) 11-2-1966 Warrenton Cemetery Warrenton 256. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR Sons Gawler W

1966

VIII A15 (4) 2 M 1/66

Wisc



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14314

CERTIFICATE OF DEATH

14914

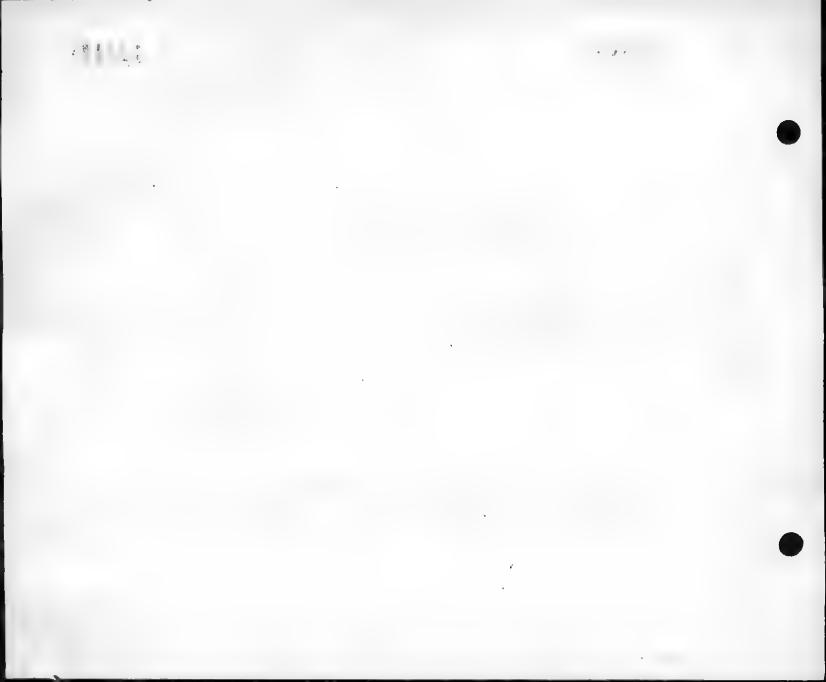
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)							
	a. COUNTY	44.5 mg 44.6	o STATE 6. COUNTY							
-	Montgomer	MARYLAND	Maryland Montgomery							
	b. CITY OR TOWN (if outside corporate limits, write, RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)							
	Takoma Park	22 day 3	Takoma Park							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d STREET ADDRESS							
	Washington Sanitari	"	7002 westmoreland Avenue YES NO							
	NAME OF First	Middle	Lost 4. DATE Manth Doy Year							
	DECEASED (Type or print) Henry	Rhodes	Brown DEATH Outober 15 1966	-						
5.	SEX 6. COLOR OR RACE 7. N	MARRIED 🔀 NEVER MARRIED 🗌	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24)							
1	male white W	DOWED DIVORCED	1-14-99 72 vis	Min.						
	I USUAL OCCUPATION (Give kind of work dane ing mast of working it even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY?							
401	Government worker	III O O S I KI	Michigan USA							
13.	FATHER S NAME		14. MOTHER'S MAIDEN NAME							
	Chester Brown		Harrick Rhodes							
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT Address							
6.0	Ww Army	1 511 / (A) 1 4 6 / (A) 1 1	ecords - washington Sonitarium + Hospita							
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) (C)										
PART I. DEATH WAS CAUSED BY CONSET AND DEATH IMMEDIATE CAUSE (0) 12 and all all all all all all all all all al										
	DUE TO	De la companya della companya della companya de la companya della								
	Conditions if any subish anyn >	Obe De h	Cupo-fi							
	nse to immediate cause (a)	your -very	cogue of a	—						
	stoting the underlying couse DUE TO	12- 0	(211)							
	last. (c)	marche	The Carllennes Month	2						
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?	1						
CERTIFICATION			YES NO							
0	20a. ACCIDENT WAS UNDERLYING □	20h DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)							
ERT	OR CONTRIBUTING CAUSE OF DEATH		,							
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the s	CF OF HUMBY (III. C. TONE 16's as bound 16's as being 16's as bound 16's							
MEDICAL	20c TIME OF INJURY Manth, Day, Year Hour a.m.		CE OF INJURY (Home, form, 20f (City or town) (County) (State ory, street, affice bldg., etc.)	6)						
E	p.m. 19	at work at wark								
	21. I certify that (I) (this haspital) attended the deceased fram_	(1) 7.3 , 19 66 , to 10 // 1, 19 6 6 that (1) (we)) last						
i	saw the deceased alive an	19, and tha	t death accurred atM, fram couses and an the date stated ab	bave.						
	22o. SIGNATURE		22b. DATE SIGNED							
	Semeth	Cugo MI	D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS. DISTAFF							
	22c PHYSICIAN'S		22d. ADDRESS							
	NAME (Týpe) KENNETH	CRUZE								
230	BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)							
-	Cremation Oct/17.1	966 For Kince	le Crimating Viener Des. Co. Mil							
24	FUNERAL DIRECTOR	ADDRESS LOVE	ISO REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-1						
1	College Collabore Col	seliuston 100	JOANE OCT 18 1966 Charles Judge	2						
16 30	THE RESERVE THE PROPERTY OF THE PARTY OF THE									

VR A15 (4) 7 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attention, physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit their please remave carban papers. Pages I and 2, shauld be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and in any event, within 72 hours after death.

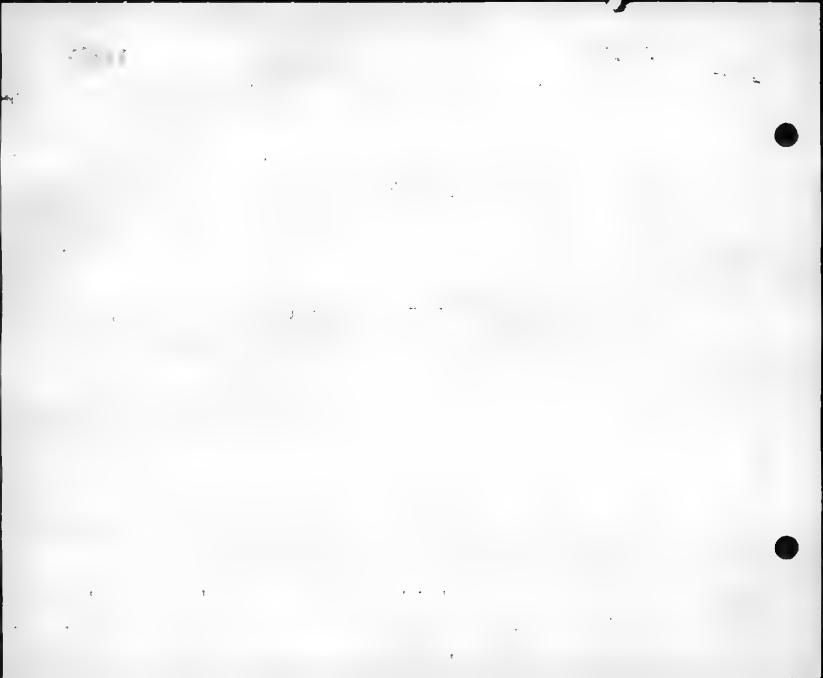
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.



.		Division of STATIST	ICAL RESEA	ARCH AND RECO	RDS, 30	1 W. PREST	ON STRE	ET, BAL	TIMORE, MARY	LAND 21	201		
	14315	<u>, </u>		CERTI	FICATE	OF DE	ATH			14	315		
	PLACE OF DEATH						SIDENCE (W	Vhere dece	ased lived, if institu		ince before o	admissio	n)
	o. COUNTY MON	TGOMERY		IAM	RYLAND	o. STATE	MARY	LAND	b. (0)	JNTY MO	NTGOM	ERY	
	b. CITY OR TOWN (If outside corporate limits	,	C LENGTH OF STAY		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)							
	write RURAL and OL NE	d give nearest town)		23 DAYS		GAITHERSBURG /*/							1
		AL OR INSTITUTION (If no	t in hospital, g			d. STREET AD		ILLITOR	30110			IS RESID	
	MONT	GOMERY GENE	RAL Ho	SPITAL			RT.	3 B	x 193			ON A FA	
3	NAME OF	Fit		Migdle		Lost		4 DATE		nth	Day	Yea	
	(Type or print)	MELVIN		RUSSELLE	-	BURDET	re	OF DEAT	н Остов	ER	31	196	6
_	ZEX	6. COLOR OR RACE	7. MARRIED			8. DATE OF BIR			9. AGE (In years	IF UNDER			24 HRS
1	MALE	WHITE	WIDOWED	DIVORC	ED 🔲	3/12/09	5		6 lost birthday)	Months	Days	Hours	Min.
		(Give kind of wark done		ND OF BUSINESS OR		11 BIRTHPLA	CE (County)	& Stote, or	foreign country)		ITIZEN OF V	TAHV	
dur	ing most of working CARPENT			DUSTRY -EMPLOYED		MARY	LAND				OUNTRY?	A	
13.	FATHER'S NAME		N-12-1			14. MOTHER'	MAIDEN N	IAME					
Н	LUTHER	BURDETTE				ELI	A Cu	TSAIL					
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO	17	INFORMANT			Add	ress			
111	VO	(It has dine mat at gates of	Selvice) 2]	17-28-798	H	HOSP LT AL	REC	OR DS	0	LNEY.	MARY	LAND)
	PART I. DEA	DUE, which gave	(o) MUT	(0), (b), and (c).)	Care	inonica	tose	; - p	rd-abli j	ronori		VAL BETT FAND D	
	rise to immediat stating the unde last.	rlying cause	TO (c)										
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING 1	O DEATH BUT NOT R	ELATED TO	THE TERMINAL D	ISEASE CON	IDITI O N GI	VEN IN PART 3(a)		19. W PI YES	AS AUTO	PSY D? NO X
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature o	f injusy in f	Port I or P	art II of item 18.)				
MEDICA	Hour a.s	m. 19	While at war	k 🔲 at wark 🔲	foct	CE OF INJURY (I tary, street, affice	bldg , etc.)			•	ounty)		Stote)
	21. l certi	fy that (I) (this has	pital) atten	ded the deceased	d fram_	yeune.	,]	9 606	to CLEX	<u>3 /</u> , 19	C.F., tha	t (I) (v	we) last
Н	saw the d	eseased alive an	10-2	9 1966.	and the	it death acci	urred a	40:40	M, fram causes	s and an	the date	stated	abave.
	220 SIGNATURE	rederies	h /1	nooma	en.		KJ	MED. DIRECTOR	STAFF PHYS.	_	DATE SIGNED		66
	22c. PHYSICIAN'S NAME (Type		Моома					CENTE	R. SANDY	SPRI	NG. M	ARYL	AND
23	BURIAL CREMATIO			23c NAME OF CE				23d.	LOCATION (City or 1	own)	(County)	(\$1	tate)
	BEMOVAL EPEcify	///		Hyatts		Method			Hyattsto	wn h	lontg.		Md.
	4. FUNERAL DIRECTO	ETA.		villandresi Maryla			2SO REC'D		1966	REGISTRAR'S	SIGNATURE	Judy	ee
	y							X H	144.	U			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours after detached. IN HOSPITAL OR ATTENDING PHYSICIAN: The low remaines that the death certificate be executed within 24 hours after death Eag≡ ■ moy be retained by th≡ hospitol or ottemding physician. VR A15 (4) 20 M 1/66



CV deoth.

and

completely filled in by the funeral rave carban papers. Pages 1 and

van papers. Pages 1 within 72 hours after

remaye carban

e.

permyter the ree m

the signed by the burial-transit p

and in please

crematian,

burial, 1

of Health prior to

the has been

92

detached

shauld

director, page should be filed

VR A15 (4)

20 M 1/66

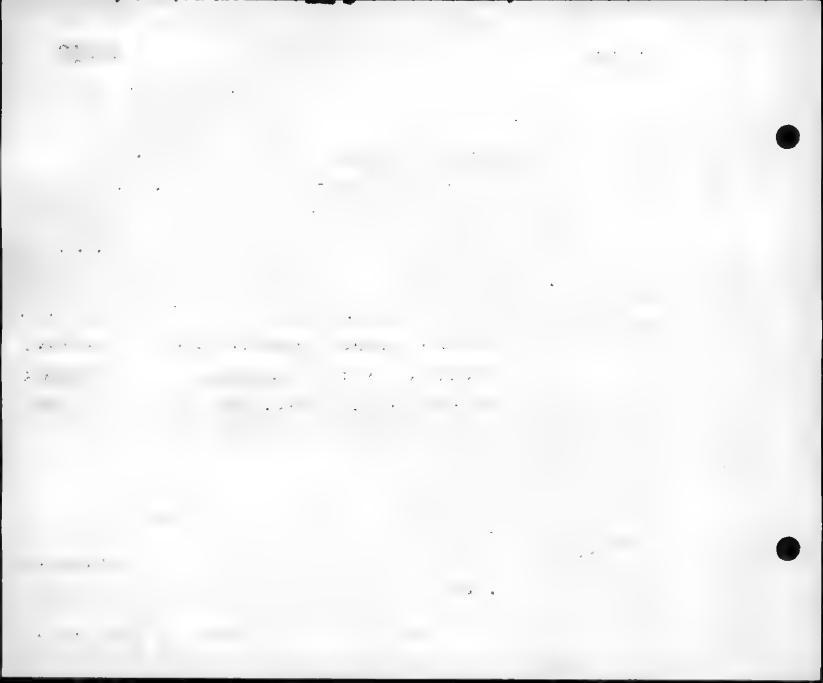
O FUNERAL DIRECTOR: After this certificate

be retained by the hospital or

physician and

requires that the death certificate be executed within 24 haurs after death

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission) o. COUNTY b. COUNTY Montgomery Marvland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c EITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Silver Spring Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Bethesda Silver Spring NursingHome 4701 Willard Ave. NO SC 3. NAME OF Middle 4. DATE Lost Month DECEASED (Type or print) Nutting Burnham Dwight DEATH Oct. 1966 S SEX 9. AGE (in years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Months Dovs white male WIDOWED DIVORCED 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Accountant COUNTRY? INDUSTRY Private Beatrice. Nebraska 14. MOTHER'S MAIDEN NAM 13. FATHER'S NAME Oliver R. Burnham HarriettNutting IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 4000 Willard (Yes, no, or unknown) (If yes give wor or dates of service) A. deMouy Spottswood Chevy Chase, Md. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ARTERIOSCICROSIS, GENERALIZED BARBER Conditions, if ony, which gove (b) CEREBRAL ARTERIDACLERASIC rise to immediate cause (a). DUE TO stoting the underlying couse TSASH lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg. etc.) While Not While of work of work , to Oct. 23 2). I certify that (1) (this haspital) attended the deceased fram 1965 saw the deceased alive an 10.23 1966, and that death accurred at 3 2 M, fram causes and an the date stated above 22o. SIGNATURE 225. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN'S NAME (Type) JAMES 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF CHANGE (Specify) Ceder Hill Grematory. 5 5 5 24. FUNERAL DIRECTOR FAWLER WASH. D.C. SONS



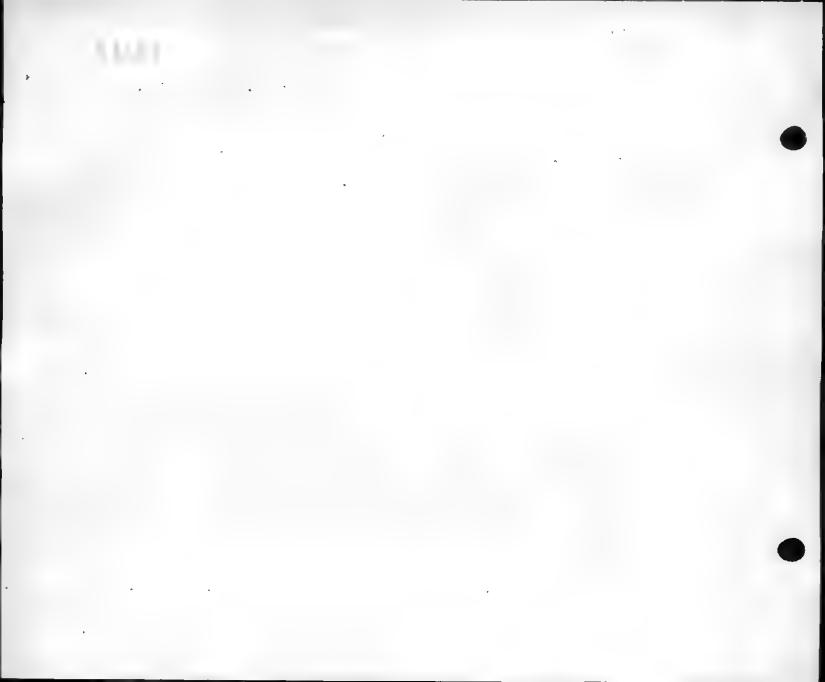
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14918	CERTIFICATE	OF DEATH	14	317
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where do	eceased lived, if institution Ri b. COUNTY	esidence before admission)
	MONTGOMERY	MARYLAND	MARULAND		TGOM ERY
	b CITY OR TOWN (If outside corporate limit	rs, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside cor	porate limits, write RURAL an	d give nearest tawn)
	write RURAL and give nearest fawn)	12 days	Potomac		- /
\vdash	d. NAME OF HOSPITAL OR INSTITUTION (If it	at in haspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE
L	Suburbac	>	9119 RIVER	KOAD	ON A FARM? YES NO 🔀
3.	NAME OF F	irs† Middle	Last 4. DA		Day Year
	DECEASED (Type or print)	PLES H. C.	ARRICO DE	ATH OCT.	3, 1966
S	SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRIED B	DATE OF BIRTH	9 AGE (In years IFU	NDER TYEAR IF UNDER 24 HRS
2	DALE WHITE	WIDOWED DIVORCED	12/25/81	g 44 yrs	oths Days Haurs Min
100	a USUAL OCCUPAT ON (Give kind of work done	1Db KIND OF BUSINESS OR	11 BHRTHPLACE (County & State,	ar fareign country)	12 CIT ZEN OF WHAT
	ring mast of working life, even if retired) SELF EMPLOYED	RIDING STABLE	VIRGINIA		COUNTRY?
	FATHERS NAME HENRY		14. MOTHER'S MAIDEN NAME	-	
	1 1/1/2	ARRICO	ELIZABETI	4 BROOK	5
Is			NFORMANT	Address	
(Y	es, na, or unknown) (If yes give war or dotes	of service) 2.2.0 - 32 - 5847 17	nos Marios	66	SAME
-	1B. CAUSE OF DEATH (Enter anily one ca		HE LARRIC	O - WIFE	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	llvo.			ONSET AND DEATH
1	IMMEDIATE CAUSE				
П	Canditions, if any, which gave	Made dia	W. Dung	THURSE	111111111111111111111111111111111111111
	rise to ammediate couse (n)	(b) 116 B 216C	KTONGS.	13/(0 0-23-0	N I WIL
	stating the underlying couse	TO Ca Pro	2 +010		1
	lost	(1) CO 1-40	TO TOUR TOUR TOUR	Oliver by Daby 3/2	I 10. W/AC AUTODOV
8	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART T(0)	19. WAS AUTOPSY PERFORMED?
a					YES NO X
CERTIFICATION	2Da ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or	Port II of item 1B.)	
5	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.		E OF INJURY (Home, form, 2 pry, street, affice bldg, etc.)	Of (City or town)	(County) (Stote)
E	р.т. 19	at work at wark	ary, sincer, drive blog , enc.)	1	
	21. I certify that (I) (this ha	spital) attended the deceased fram	4 21, 196	o to 10 5	19 66 that (I) (we) last
	saw the deceased alive an_	19 3 19 66 and that	death accurred at/0 \$	M, fram causes and	an the date stated above.
	22o. SIGNATURI	tt (s)	ATTENDING MED.	STAFF C	2b. DATE SIGNED
	16 Sec. 1	2 June 1	D. PHYS 128 DIRECTO	OR LI PHYS. LI	1014166
	22c PHYSICIAN'S NAME (Type) Robert	G Brewer	22d. ADDRESS 85.05 01d 3	Ed mara m aa	Bothesd: Md
	Myung (skho) Tronet.	Gr Drewer.		eo.Town Rd.	, D tites Ma
23	o. BURIAL CREMATION, 23b. DATE TH	EREOF 234 NAME OF CEMETERY OR C	CREMATORY 23d	I. LOCATION (City or Town)	(Caunty) (State)
	REMOVAL (Specify) 6 Oct			Rockville	- bM
	4. FUNERAL DIRECTOR	ADDRESS WAS H.	2So. REC'D BY REC	GISTRAR 25b. REGISTR	AR'S SIGNATURE
	Juseph Gaulers &	Sons 5130 Wisc Ave	NW DATE OCT	7 1966 00	Garelo Dudas

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept of Health priar ta burial, cremation, ar removel, and in any event, within 72 hours after deaths.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.





(obe-1) and 2 with the State Department of event within 72 hours after death

3

Health or its designated agent, prior to buriol, cremation, or removal, and TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trans t perm t

=

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2210

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	14919	MEDICIE EXPONITION 5	CENTIFICATE C	- VERTIII	4.51.5
1	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed ived if institution	n Residence before admission)
	o. COUNTY Montanne	MARYLAND	o. STATE	b. COUNT	4
_	b CTY OR TOWN (if outside corporate limits	C LENGTH OF STAY N 16	C CITY OR TOWN HES	utside corporate imits, write RuRA	al and a ve nearest town)
	write RURAL and give pearest town)	10 48 hr.	70	/	at one give morest rown,
_	biltheall	7 7 7 7	1 C/Cu	andrea	
	d NAME OF HOSPITAL OR INSTITUTION (f not a		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	8200 Wisemin	· Ale.	411 0	ownitien	YES NO
3	NAME OF First	Middle	Lost	4 DATE Month	,
	(Type or print)	OPIE CHA	MELLOK'	DEATH UCT	- 22 1966.
5	SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
1	FEMALE White	WIDOWED D VORCED	11/1/44	lost birthdoy)	Months Days Hours Min
10c	USUAL OCCUPATION (Give kind of work done	106 KIND OF BUSINESS OR	11 BIRTHPLACE (Stote	D- C- 1111	12 CT ZEN OF WHAT
	ing most of working life, even if retired)	INDUSTRY	WASI		COUNTRY?
10	FATURE C MALLY			P42	
13.	FATHER'S NAME	2 - 01	14 MOTHER'S MAIDEN		
	HL OF	IE CHANCELLOR	KUTH F	7 HOLZMUC Address	ELLER.
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	s
(3)	es, no, or unknown) (If yes give wor or dates of s	578 60 1288 D	To Name	anderson	11/14
_	1B. CAUSE OF DEATH (Enter only one couse	INTERVAL BETWEEN			
	PART I DEATH WAS CAUSED BY	CAMPTESION	. Cervical	· cord.	SONSET AND DEATH
	IMMED.ATE (ALSE (o)				2046411
	DUE TO	Freund- tra	on- Fall - 11	Starles -	
	Conditions, if any, which gave (b)		, , , , , ,	7,70.10	
	storing the underlying couse DUE TO				
	lost (c)				
-	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	ADITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
É				, ,	PERFORMED?
FICATION	200 EXTERNAL CAUSE WAS	206 DESCRIBE HOW INJURY OCCURRED	(Catao nation of income	Dood Dood (L. d. Arres 1D.)	713 [A] NO [
CERT	PRIMARY SO or CONTRIBUTING	Junipad down &	truet notice of in try in	JA 114 TA	
	CAUSE OF DEATH		cerron 3/13	<u> </u>	
S.G	20c TIME OF INJURY Month, Doy Year		CE OF INJURY (Home, for		(County) (State)
WED.	7 Hour am. 10 22 1966		tary, street, affice bldg., etc.	Bethesda	Monty Ma
		of the remains described above, he			ry 🔀 and in my opinio
		causes , Accident , Suic		The second secon	
	death resorted fram. Natural	Lduses [], Accident [], Salt			nner 🔲
	ACTUAL O D	5 Bell		EXAMINER	22. DATE SIGNED
	SIGNATURE	J / Jack		CAL EXAMINER	24/66
	EXAMINER'S				-1/66
	NAME (Type)			t, city, town, or county)	
230	BURIAL, CREMATION, 236 DATE THERE	OF 23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Tow	n) (County) (State)
	REMOVAL (Specify) Burial 10/27/6	66 Odd Fellews C	Cemeterv	Milford, Del	aware
24	. FUNERAL DIRECTOR	ADDRESS W	addeck Hd. REC	D BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE
E.	verly-Wheatley Funera	al Heme, Alexandria,	Walter Paris	CT 2 7 1956 8	Charles Judge.
27	ACTTA-HITCHOTON & MIGLS	TT HANG! WICKSHILLTS!	Volt DAIL	1.1 Z / 1300 /	

VR A15ME (5) 6M 1/66

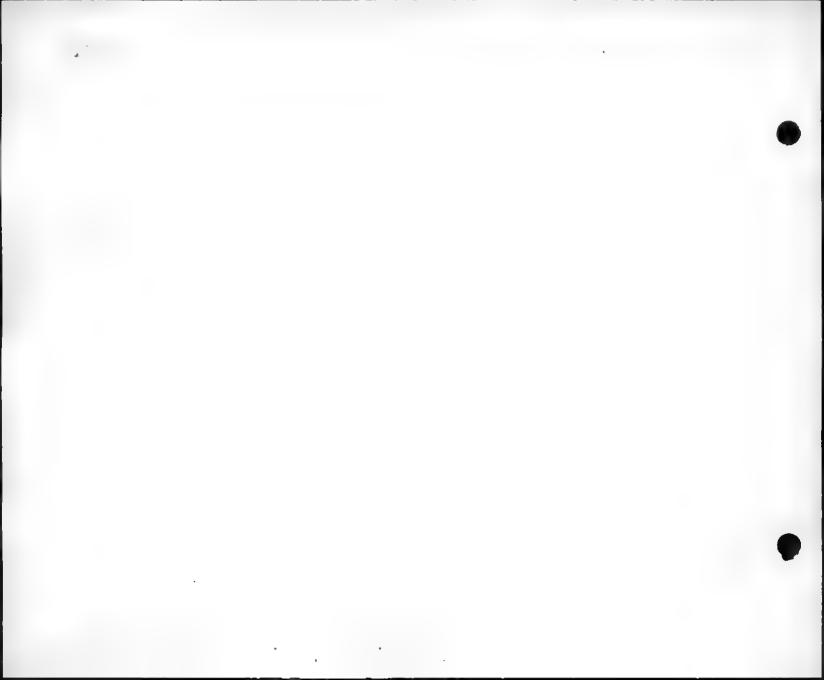
5 may be retained for your files.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed within 24 hours after death 16

TO DEPUTY MEDICAL EXAMINER:

any delay is

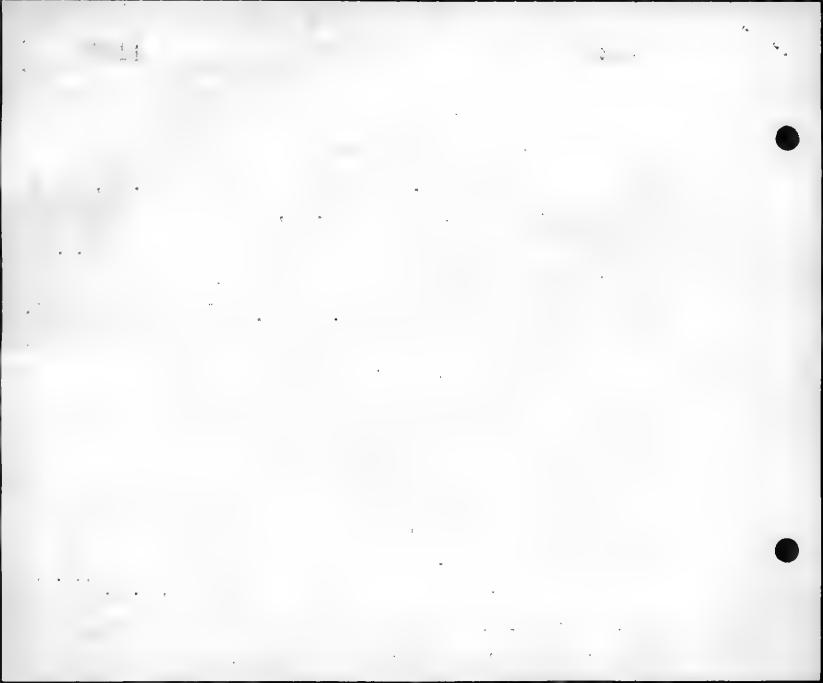


		1432	0		CERTIF	ICATE C	F DEATH		143	320
		PLACE OF DEATH				2	USUAL RESIDENCE o. STATE	(Where deceased lived, s	institution Reside	nce before admission)
	0). COUNT	Montgom	ery	MARY	'LAND	Mar Mar	ryland	Mon	ntgomery
	b	CITY OR TOWN (f autside carparate limit I give nearest tawn)	\$,	c LENGTH OF STAY I			autside carparate limits, v	write RURAL and gir	ve nearest tawn)
		Bethe	sda			28Days	- 110	vy Chase		1-1
			AL OR INSTITUTION (If n			11	STREET ADDRESS	Decemen	. Channal	a IS RESIDENCE ON A FARM?
			a-Silver	opri	ng Nursing	g Home	41.04	Rosemary	Street	YES NO X
		NAME OF DECEASED		ıst	Middle		Lost	4. DATE OF	Month	Day Year
	(Type or print)	ALI			CHRIST		DEATH	Oct. 14	
	5 5	_	6. COLOR OR RACE	7 MARRIE			ATE OF BIRTH	896 9. AGE (In lost but		1 YEAR IF UNDER 24 HRS. Days Hours Min
		emale	White	WIDOWE	99				Yes 1	15
	10a. duru	USUAL OCCLIPATION an most of working	(G ve kind af wark dane de, even if retired)	10b.	KIND OF BUSINESS OR INDUSTRY	ין	,	ty & State, or fareign count		ITIZEN OF WHAT
		ng most of working Housewi	te				Kansas			U.S.
		FATHER'S NAME Upshur	Snider			14	MOTHER'S MAIDEN			
		*		1 .	/ cochi cecupiay uc	17 10150		Robbins	Allere	
	15. (Ye:	s, ng_or unknown)	R IN U.S. ARMED FORCES? {If yes give war ar dates	of service)	6. SOCIAL SECURITY NO.	17 INFO	_ Dat	ughter	Address Same a	s Item 2.
		No			Unknown	Mrs.	Fred L	Soper	odine d	
			ATH (Enter anly one co	ise ber line	for (a) (b), and (c))		0	. 1		INTERVAL BETWEEN ONSET AND DEATH
		A	IMMEDIATE CAUSE		- Live	Juan.	1 ren	Juseus	0	Odian
		Conditions, if ony	Which gove)		1100 100	().	· D	and the	a last	1440000
		rise to Immediat	e couse (o), ((b)	1-60 X01-	4		and Anter	Gragner.	1 90000
		stoting the under	riying cause	(c)		1				
	. · ·	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTIN	G TO DEATH BUT NOT REL	ATED TO THE	ERMINAL DISEASE C	ONDITION GIVEN IN PART	1(0)	19 WAS AUTOPSY
0	TION		1 - 1		· : h	1. 6	124	Ding	2 A P	PERFORMED?
	IFICA	20a ACCIDENT WA	S UNDERLYING	205	DESCRIBE HOW INJURY OF	CCURRED. (Ente	r nature of injury is	n Part I or Part II of Item	1 18)	
	CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)						·	
	MEDICAL CERTIFICATION	20c. TIME OF INJI	JRY Month, Doy, Year	200	INJURY OCCURRED		F INJURY (Hame, fa		town) (Co	aunty) (State)
	账	Hour air	2.0		rile Nat While D	foctory,	treet, office bldg., et	c.)		
				spital) ott	ended the deceased	from 1	WL 19.	19621000	14,19	6 (a that (1) (we) las
			eceased olive on_	AC	108K 366	and thou de	oth occurred o	at / 0.35/AM, from (couses and an	the date stated above
		220 SIGNATURE	10.	111	101-	1	ATTENDING	MED. STA	22b.	DATE SIGNED
			usuas	1	Helius	M.D.	PHYS.	DIRECTOR PH	$s \sqcup 10$	-14-66
,		22c PHYSICIAN'S NAME (Type		S. S	APPINGTON			2233 Wisco Vashington		ve., N.W.
		 BURIAL, CREMATIC REMOVAL (Specify)		6 Highla:			23d LOCATION (C		(County) (State)
-		rial-tr	ansit 10.	·15-6	ADDRESS .	IIG OE		C'D BY REGISTRAR	2Sb. REGISTRAR'S	
	Ŕ	OBERT A	• PUMPHRI	TY, B	ethesda,	Maryl	and DATE O	104	0.00	ver Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then peoper carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in day event, within 72 hours after deatached.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deoth

Poge 4 may be retained by the haspital or attending physician.



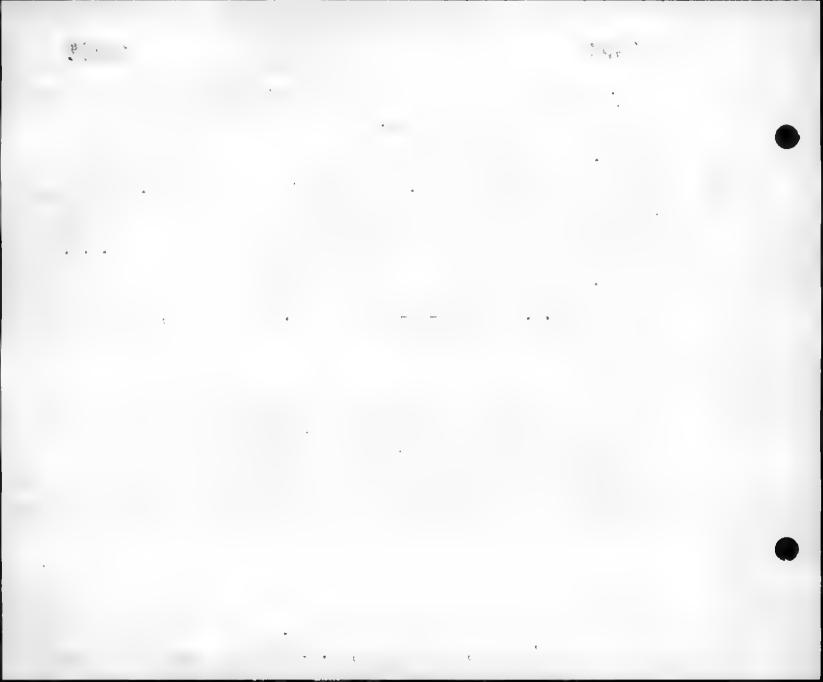
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		1432			CERTIFICAT	IE UF DEATH	1	1	3321	
		PLACE OF DEATH					CE (Where deceosed lived,		sidence befare adm	issian)
	(o. COUNTY Mar	tgomery		MARYLAND	o. STATE	rvland	b. COUNTY	Montgon	namur
	ŀ	b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corporate limits	write RURAL and	give neatest tawi	n)
		Chevy C	give nearest town)		Years	Charr	v Chase		1	-1
			AL OR INSTITUTION (If not in	hospital, a	ive street oddress)	d. STREET ADDRESS				RESIDENCE
11			Greenvale		· ·	צורמ	W. Green	role De		A FARM?
		NAME OF	First	Lar.	Middle	l 11,10	4. DATE	Month	Dov	Year
		DECEASED (Type or print)	JOHN		H.	CLAGETT,	OF	Oct. 3		
	5			MARRIED		B DATE OF BIRTH	1 9. AGE (I	n years IF UN		19 66 NDER 24 HRS
		Male		WIDOWED	DIVORCED			rthdoy) Mont	ths Days Hou	ues Min
			Give kind of work done		ND OF BUSINESS OR	March 1	unty & State, ar foreign (au		2 CITIZEN OF WHA	
	dura	namost of warking	life, even if retired)	INC	Constructions			''	COUNTRY?	
		Enginee	-		00118 01 00 010	14 MOTHER'S MAID			U.U.A.	
			Clagett							
			R IN L.S. ARMED FORCES?	2 41	OCIAL SECURITY NO 17	INFORMANT	ie Hohman	Address		
	(Ye	es, no, or unknown)	(If yes give war at dates at se	rvice)			a		11 a	
		Yes	W.W.I		14-03-0555	John H.	CLAGETT T	i, Sam	e as #2	BETWEEN
			EATH (Enter only one couse TH WAS CAUSED BY	per ine for	1 2 2	. 1 /2	alaxet:		QNSET AN	YO DEATH
		420	IMMEDIATE CAUSE (o)		Myocard	91 17	1491671	<u> </u>	<u> </u>	den
		Canditions, if any	DUE TO		Arterios	. I am tin	Heart	Diseas	60 5-	- 11 -1
		rise to immediat	e cause (a),		Ar TERIBS	CIEFFIIC	, // 04/ /	1010CY3	72	413
		stoting the unde	rlying couse							
		-0.00	CHIEFEANT CONDITIONS CON	DIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	COMPLETION CIVEN IN DA	PT 1/n)	19 WAS /	AUTOPSY
<u>^</u>	NO!	PAKI II. UIIIEK SI	- English			2 . ;		(1 1(0)	PERFO	ORMED?
0	CERTIFICATION	20o. ACCIDENT WA		TON DE	CRIBE HOW INDURY OCCURRE		u in Dark Lar Dark II of its	1D 1	YES	NO 🔀
	ER71	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	OCKIDE HOW INSORT OCCURRE	D. (cilie) noibia di injeri	y in roll to roll it of in	in 10.)		
			MEDICAL EXAMINER)	1 004 181	JURY OCCURRED 20e. P	LACE OF INJURY (Hame,	form, 20f. (City o	r town)	(County)	(Stote)
	MEDICAL	ZUC. TIME UF INJ		While	Not While f	actory, street, office bldg ,		Idwiii	(coomy)	121018)
		pı	and the same of th	of work		Mart	10 4 12 4	1 - m	10 1 4 4 4 4 1	() ())
			t y that (I) (th is haspit eceased olive an		led the deceased from, 24 1966, and th		_, 19 <u>63</u> , to			
		220 SIGNATURE	ecedsed once on	70	27 17 QE, UIIU II	idi dedili occolred	1 01 77 00 mi, 110111		b. DATE SIGNED	neu ubove
	П	220 SIGNATURE	11.00 9	dre	the	M.D. PHYS.	MED. S	TAFF HYS.	11-1-	46
1		22c. PHYSICIAN'S	marco V.	79 //	00.0	22d. ADDRESS	DIRECTOR L F	nis. 🗀 j	//-/-	00
-		NAME (Type		5 G	. 5mith 1	VI.1 4615	Lee High	vay A	rlingto	y, Va.
	23n	BURIAL, CREMATIO	ON. 23b DATE THERE)F	23c, NAME OF CEMETERY O	R CREMATORY	23d LOCATION	(City or Tawn)	((ounty)	(Stote)
		Burtal	11/3/6		Druid Ri			imore.	Maryla	
2	24	I. FUNERAL DIRECTO	OR .		ADDRESS	250	REC'D BY REGISTRAR	25b. REGISTRA	IR'S SIGNATURE	
4.	J	oseph (Jawler's So	ons.	Washington.	D. C. nut	10V 7' 10C	1 oche	melas Jud	lee.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. VR A15 (4) \$7 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14322

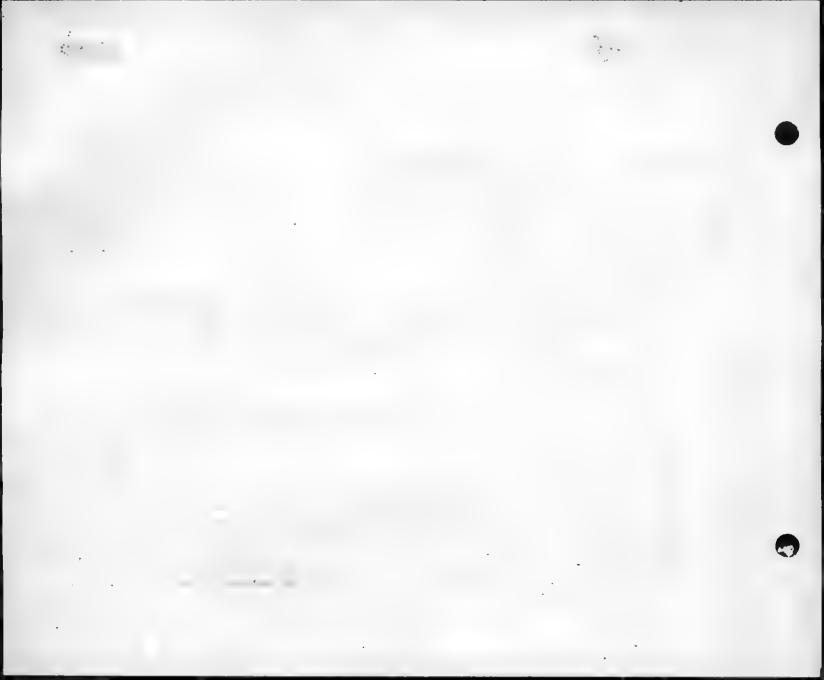
CERTIFICATE OF DEATH

14322

					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
1.	PLACE OF DEATH			e deceased lived, if institut on	Residence before admission)					
1	o. COUNTY	MARYLAND	MARY IAN	b (OJNTY	100.760000					
-	DONT GOMERY b (ITY ON TOWN (If autside corporate limits,	C LENGTH OF STAY IN 1b		e corporate limits, write RURAL	ond give nearest town)					
	write RURAL and give nearest town)	368145	12020	*						
	DIZEE DORING NAME OF HOSPITAL OR INSTITUTION AT not in h	assistal neva street address	d STREET ADDRESS	Spring	B IS RESIDENCE					
	,	dapito, give siteer oddressy		1	ON_A_FARM?					
	Hely Cross Hispita	ol	16116 (080,		TE YES NOK					
3	NAME OF First	Middle	Last 4	DATE Manth	Day Year					
L	(Type or print) Nou.	ω .	CLARK	DEATH &CCL.	3/ 1966					
S	SEX 6 COLOR OR RACE 7, N	MARRIED NEVER MARRIED	8. DATE OF BIRTH 188		FUNDER I YEAR IF UNDER 24 HRS.					
1.	MALE WhitE W	DOWED DIVORCED	7-100 1/8	14 Yrs	Bully Hills					
100	USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St	ote, ar foreign country)	12 CITIZEN OF WHAT					
O O	ing most of working life, even if retired) L. Stripping & Screeni	na Clark Manufact	Jowa Jowa		W.S.A.					
13	FATHER S NAME	and the same of th	14. MOTHER'S MAIDEN NAM	E						
K	enjamin Clark		Eva Worrell							
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	INFORMANT	Address -	- 1					
{Y	es, na, acynknawn) (If yes give war ar dotes of servi	ice) 218-16-0111 Re	lle Clark	10110 Gerrin	a riverue					
\vdash	18. CAUSE OF DEATH (Enter only one couse per		000 (-00-00	siner sprus	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	4.			ONSET AND DEATH					
	IMMEDIATE CAUSE (a)	Cerebral mel	relen							
1	DUE TO	d	2		38 claus					
	Canditions, if any, which gove (b)	Cancer Con			(20 Crango					
	stating the underlying cause DUE 10									
	lost. (c)									
Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?					
CERTIFICATION					YES NO					
IE.	20a ACCIDENT WAS UNDERLYING □	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part	1 or Part II of item 18.)						
	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e, PLA	CE OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)					
MED	Haur o.m.		tory, street, affice bldg , etc.)							
	21. I certify that (I) (this hospital	otwark U otwork U	1. 7 30-10/s	6 to 8 - 1 31	10 / C that //\ (wall-last					
	saw the deceased olive on	1966, and the	t death accurred at G	M. from causes and	d on the date stated above					
	22o. SIGNATURE.				22b. DATE SIGNED					
	E files a 1 1/1	cakagla M.	D. PHYS. PHYS.	ECTOR D STAFF	22b. DATE SIGNED 1966					
	22c. PHYSICIAN'S		22d ADDRESS							
22c. PHYSICIAN'S NAME (Type) Edward J. Richards 10110 Georgia Avenue, S. S., Md.										
72.	b. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)						
2.3	DEMOVAL (Conside)									
0.			L ag . Degus Du	Prince George	TRARS SIGNATURE					
1.	arner E. Pumphrey, Inc	Certh 8474 Ga. F	Tue. I MA							
W	arner (. Pumphrey. Ync	· Silver Sn	ring MAATE NU	IV 3 1966 8	Charles Judge					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death VR A15 (4) 20 M 1/66

TD NOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Pag≡ 4 m≡y be retains by the Baspital or attending physician.



1	tems 18&21 Film 383 *MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	14323 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14223
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1.48	a. COUNTY D. COUNTY D. COUNTY
A B B B	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown)
fun may	write RURAL and give nearest town) DOA Konsington
o the fee o the fee o the fee o the fee o fee of the fe	d. NAME OP HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM?
delay and 3 to Page. Page	Duluban 10/25 Tharnword the YES NO [
f any delay is necessary, i. 2, and 3 to the funeral PM3. Page 5 may be the the State Department in 72 hours after death	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) STEPHEN SHAWN CLARKE DEATH CCT /3 1966
of any state of the state of th	Type or print) TETHEN SHAWN CLARKE DEATH 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
ges 1, 7 form P form P within	MIDOWED DIVORCED Suly 2/ 1966 last birthday) Months Days Hours Min.
with with	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Give	Infant - Maryland US
n 18.	13. FATHER'S NAME
Item Item Office File p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
n 24 in 1 s Of s Of al, a	(Yes, no, or unknown) (If yes gire war or dates of service) The transfer of the service of the
within pencil i miner's permit. removaí	8 19. CAUSE OF DEATH I Safer only one cause per line for (a) (b) and (c)]
in por re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXIA (SDII)
uld be executed "pending" in standing in second in secon	, k, y DUE TO
oend Dedic ledic Irial- Imati	Conditions, if any, which (b)
uld the first of t	cause (a), stating the DUE TO
sho wor Chi L as urial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REFERENCE?
ficate shoul the word the Chiel the Chiel the Chiel	YES NO [
AL EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form r files. To the state of the chief with the transit permit. File pages 1 and 2 with designated agent, prior to burial, cremation, or removal, and in the within within the state of the contract	YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.
nis c writ arde nould it, p	
iR: This cate, wri forward 3 should	Hour a.m. While Not While factory, street, office bidg., etc.)
the certificates the certificates to should be reflected in files.	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy inspection inquiry and In my opinion
EXAL Exal Exploring Filles. OR: P	death resulted trops: Natural causes X, Accident , Suicide , Homicide , Undetermined manner
EDICAL EXACUTE the coure the cage 4 shour riles our files our files our files our files fits design r its design	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
execute execute. Page 4 i for you tal oire its or its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUT
TY ME exect r. Page of for RAL 0 th or	EXAMINER'S SELLEN OF ALL SELLEN OF THE SELLE
O OEPUTY MEDICAL please execute the director. Page 4 sl retained for your fi O FUNERAL DIRECTO of Health or its de.	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
- \ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Till of Strawn or a company of control of co
	THE MEDITION
VR A15ME 3500 4-64	The DATE NANLOW 4748 NISC DATE 10-13-1966 Policyles Judge

.

14324

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.3	5 A D	CERTIFICA	IL OI DEATH		4324
1. PLACE OF o. COUNT	DEATH		2 USUAL RESIDENCE (W)		ution. Residence before admission)
	Montgomery	MARYLAND	MARUI	LAND 6 COUN	MONTGOMERY
b. CITY OF	TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest town)
771C	and give nearest lown	4 DAYS	SILVER	2 3 PRING	12
OR INST	OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	1.53	e. IS RESIDENCE ON A FARM?
	ASHINGTON SANI	TARIVA AND HOL	P. 9909 CA	PITOL VIEW	AUE, YES NO
3. NAME OF DECEASED	First	Middle	Last	OF	Nonth Doy Year
(Type or p	3	1/033	LEAVES	DEATH OC	
5 SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. AGE (In year lost birthdoy	IF JNDER TYEAR IF UNDER 24 HRS Manths Days Hours Min.
MAL				71 7/ 1	rs In College
during m	OCCUPATION (Give kind of work done 10b. ast of working life, even if retired)		TRY 11. BIRTHPLACE (State	or toteldu conutivi	12 CITIZEN OF WHAT COUNTRY
Retiand		andscaping	Virginia		American
13. FATHER'S	NAME				
	r. Iron Cleaves			eth Pollard	44
(Yes, no, or unkn	own) (If yes, give war or dates of service)	7511	FORMANT	9904	Capital View Ave.
yes	WW 1 Army 5		s. Leafy L. (Leaves_Silve	
	SE OF DEATH [Enter only one couse per fi	ine far (o), (b), and (c).]	- 11 4-		INTERVAL BETWEEN ONSET AND DEATH
	ART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0)	ARCINOMA	URIN ARY	KLADDER.	7 MONTHS
,	DUE TO		,		
	ians, if any, which (b)				
	o), stating the under-				
	c)				
CATION	ART II. OTHER SIGNIFICANT CONDITIONS				PERFORMEDY
		PHY JEMA AN			RNIA YES NO E
200. ACC OR CON (IF EITHE	IDENT WAS UNDERLYING (1) 20b. DESTRIBUTING (1) CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	Part I or Part II of item IB.)	
₹ 20c. TIME		for a	ACE OF INJURY (Home, farr	n, 20f. (City or town)	(County) (State
20c. TIME	ur a.m. While of wo	Nat while	iory, sireer, ornice biog., ex	h-	
21 50	rtify that (i) this haspital) atten	ded the deceased from	NOV. 68 19	57 10 MCT. 1	2 . 19 66 that (1) (we) las
	e deceased alive an OCT.				
22o. SIGI			T		22b DATE
	Dames a. F	20 heits	M.D ATTENDING	AED. STAFF	OCT. (2, 196
22c PH	SICIAN'S		22d ADDRESS		. 7
INAN	AE (Type) JAMES A.	ROBERTS	8907 6-67	B. AVE. SILI	ER SPRING, MI
23o BURIAL,	CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, tow	in, or county) (State)
Burra		St. John's Ce.	metery	Mt. William	s. Virginia
24. FUNERAL	DIRECTOR'S SIGNATURE (Colors //	Anness	2 Aug 25a. REC		EGISTRAR'S SIGNATURE
Warre	en Carter Onc	Silver Spring		OCT 17 1966	Minutes Juda.
		The second secon			

Inc

may be retain

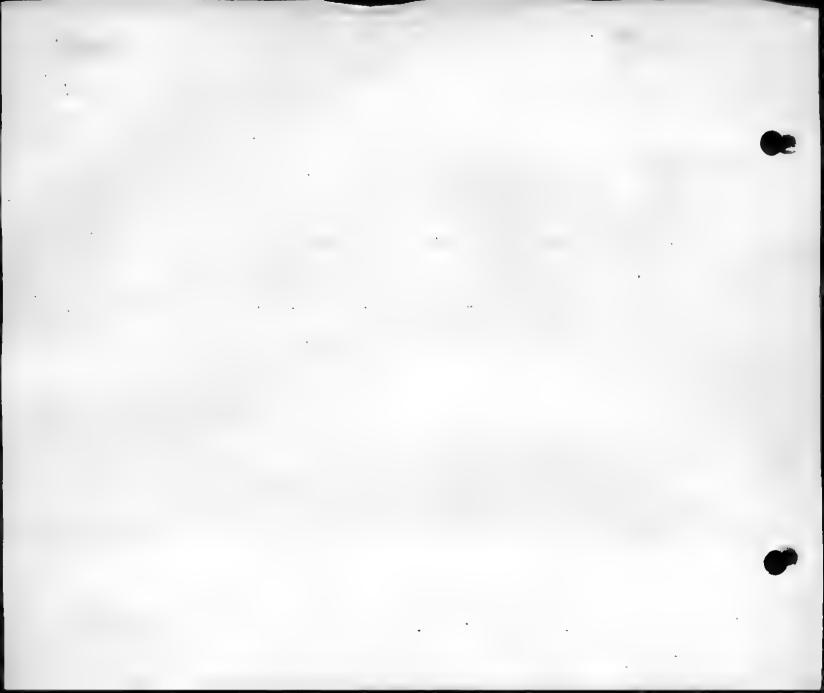
TO FUNERAL D

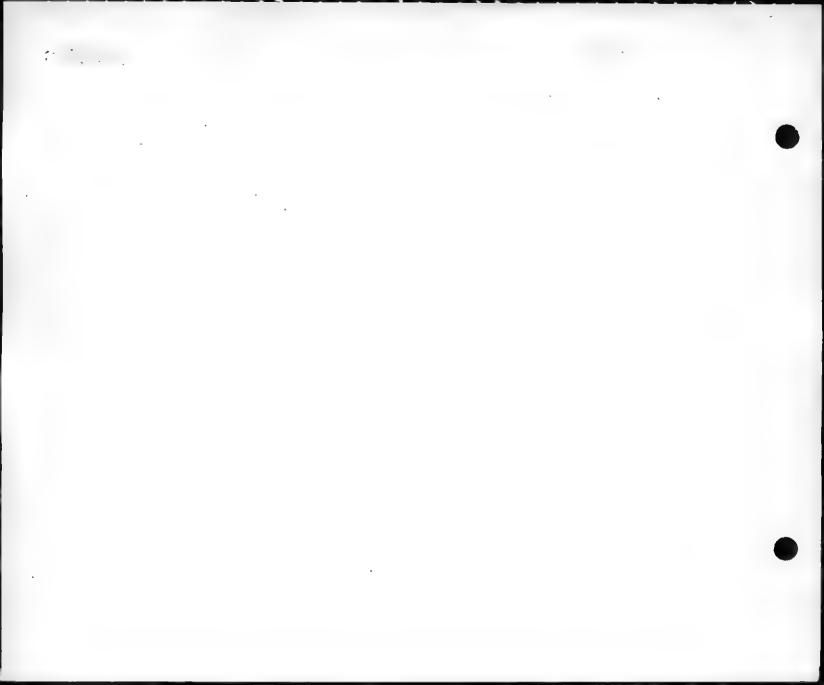
OR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health priar to burial, cremation, or remaval, and in any event, within, 72 haurs after death TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITAL CI VR A15 (4) 15M 9/59

he funeral director, should be filed with

Page

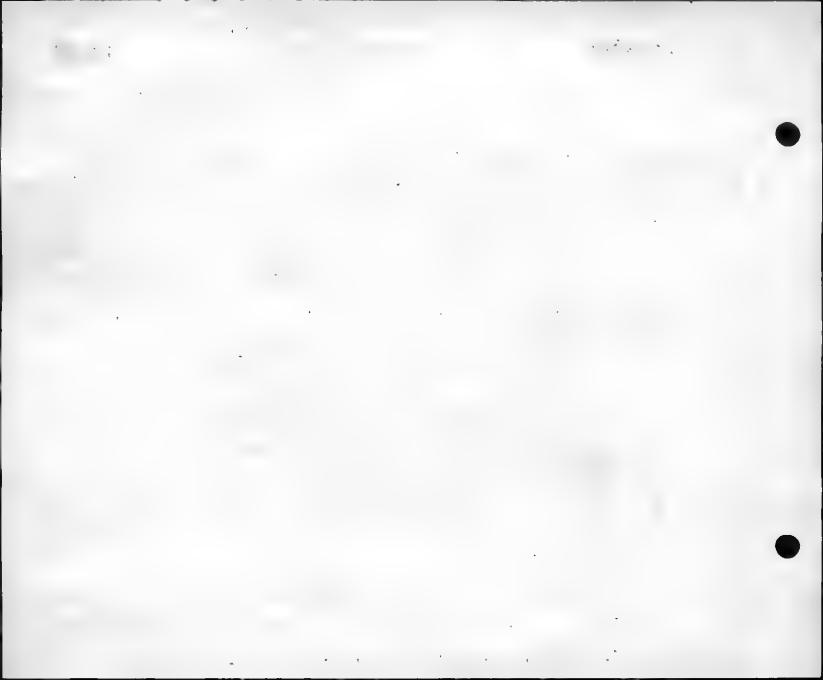
fter death.





MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

_:	of "."			14326	CERTIFICATE	: OF DEATH	1	4326
death	To the second	1		LACE OF DEATH			deceased lived, if institution. Residence	ce before admission)
Ď.	by the funeral Pages L and taurs affer death	4	(COUNTY Montao	maryland Maryland	o. STATE Many	and b. county	e George
affe	he fur ges / affer		ŀ	CITY OR TOWN (if outside of parate write RURAL and give nealest tawn	mits, C. LENGTH OF STAY IN 16	c CITY OR TOWN (If aut de co	arparate limits, write RURAL and give	
Urs	by 1 Pa			SILVER SO	rina do dayo)	Colleg	e Park	1
2	E 55 7		C	NAME OF HOSPITAL OR INSTITUTION	If not in (fospital, give street address)	d STREET ADDRESS	2 4 4	e 15 RESIDENCE ON A FARM?
n 24	filled in by the papers. Pag thin 72 haurs	4.5		Nola Cro	SS Nospital	5904 1	run Mawor Ro	YES NO NO
1	¥ Par Mith	Ī		NAME OF DECEASED	First Middle	Lost 4 D.	ATE / Month	Doy Year
S 0	construction for the control of the		(Type or print)	ertrude c. C		EATH OCTODEL	17 1966
rote Tote	ve (5. 5	6. COLOR OR RACI	7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 1895	9. AGE (In years IF UNDER) last birthday) Months	Doys Hours Min.
exe	¥ \$76\			t W	WIDOWED NORCED	OV. 10, 1890	10:24 YIS.	
ě	5,35			USUAL OCCUPATION (Give kind of working most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State		IZEN OF WHAT UNTRY?
9	sician pleas L, and	L		Housewife	Own home	Ohio		15H.
Įį.	physician, one len please reg aval, and in an		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Cer	Ing phy Then remava	-	7	Frank Slavin	The special esculativa and 17	Unknown	A 1 Jan	
#5	attending permit. The		(Ye	WAS DECEASED EVER IN J.S. ARMED FOR , no, or unknown) (If yes g ve war ar d	tes at service)	hn R. Colister	5904 Braylis Mawr	
that the death certificate be executed within 24 hours after an.	attendi permit. an, ar r	-	_	No None	220 20 21.4	un K. Collster	College Park,	
				18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY:	W . 0 1	ha 1/		INTERVAL BETWEEN ONSET AND DEATH
휴	by the transit cremati			IMMEDIATE C	031 (0)	nsufficien	- Ly	
res	77 1 2		П	Conditions, if any, which gave	(b) asteriosclerie	ter Cardin	vaseular	
in d	signec burial burial			rise ta immediate cause (a), {	DUE TO RESERVE	e E. Gregos	4 7 /	
¥ F	the r ta			stating the underlying cause last.	(6)	Condon	have Telestands	
e Id	as bright	1	_	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	I GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
E to	e he	Ť	CERTIFICATION					YES NO X
AN P	far			20a. ACCIDENT WAS UNDERLYING []	20b DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I o	or Port II of item 18.)	
	ertiff Gertiff		_	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
7	this cert etached Dept. a		MEDICAL	20c. TIME OF INJURY Month, Day, Ye			20f. (City or town) (Cou	(ytou
5 €	te e		W	Hour o.m p.m.	19 While Nat While of work of work	tary, street, office bldg , etc.)	1 8	//
<u>a</u>	Affe be Sto				hospital) attended the deceased fram_	19	6 to 000 , 19	, that (I) (we) last
E SE	# gg #		П	saw the deceased alive a	19 <u>66</u> , and the	it death accurred at 425	#M, fram causes and an the	
AT	日本意			22a. SIGNATURE	x. + 21	ATTENDING MED.	STAFF C 22b. D/	ATE SIGNED -17-66
8 8	ed 3		-1	Bornardu	organist M.	D. PHYS. DIRECT		-17-0
TAL è	AL DIII	i		22c. PHYSICIAN'S NAME (Type) SERNA	en A. FITT GERALD	22d. ADDRESS VER	SPRING, MO	L
Page 4 may	ro FUNERAL DIR director, page shauld be filed	=	220		THEREOF 23c. NAME OF CEMETERY OR			(Caunty) (State)
Poge /	, 5 \(\frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)		230	PEMOVAL (Spaceful	9. 1966 Gate of Heave		Silver Spring, M	
24	2	R	24				GISTRAR 2Sb. REGISTRAR S S	IGNATURE
	VR A15 (4) 20 M 1/66	J.	15	ohn B. Thomas	Borna 8434 Georgia Av Inc. Silver Spring.	enue DATE OCT	19 1966 golia	rles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14327 2. USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MONTGOMERY MONTGOMERY MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) GERMAN TOWN 5 DAYS B. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NONE MONTGOMERY GENERAL HOSPITAL YES NO K 3 NAME OF 4. DATE First Middle Last Manth Day Year DECEASED OF 19 19 66 ELMER EDWIN COLLINS 10 (Type or print) DEATH IF UNDER 1 YEAR 1F UNDER 24 HRS. S SEX 8 DATE OF BIRTH AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED 76 yrs. Months Days MALE WHITE 5-23-90 WIDOWED DIVORCED 10a US_AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY MARY LAND FARMER & PAINTER RETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES A. COLLINS SARAH UNGLESBEE 17. INFORMANT 16 SOCIAL SECURITY NO Address WAS DECEASED EVER IN U.S. ARMED FORCES? 214-18-8350 (Yes, na, ar unknown) (If yes give war or dates at service) MEDICAL RECORDS DEPT. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) ONSET AND DEATH PART & DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g DUE TO nTellor Conditions, if only, which gave rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g YES INO 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home farm. (City or town) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour o.m Not While at work 2). I certify that (1) (this haspital) attended the deceased fram 10 1966, and that death accurred at 2 222 M. from causes and an the date stated above. saw the deceased alive an 22a. SIGNATUR 22b. DATE SIGNED **ATTENDING** STAFF PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) GAITHERSBURG. JACK SCHUMACHER. Mp 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREO! 23d LOCATION (City or Town) BURIAL, CREMATION (County) 23a REMOVAL (Specify) Neelsville Germantown Monte

Gaithersburg, Md

Page 4 may be retained by the haspital ar attending physician. director, page shauld be filed 0 VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

Ernest

the funeral ages I and 2 rs after death

tian and completely filled in by the fur pase remave carbon papers. Pages I and in any event, within 72 haurs after

burial, crematian, ar rem**ova**

permit.

signed by the burial-transit p

peen

has

FUNERAL DIRECTOR: After this certificate

d far use as the af Health priar to

detached

3 shauld I with the S

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

1966

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Melanles



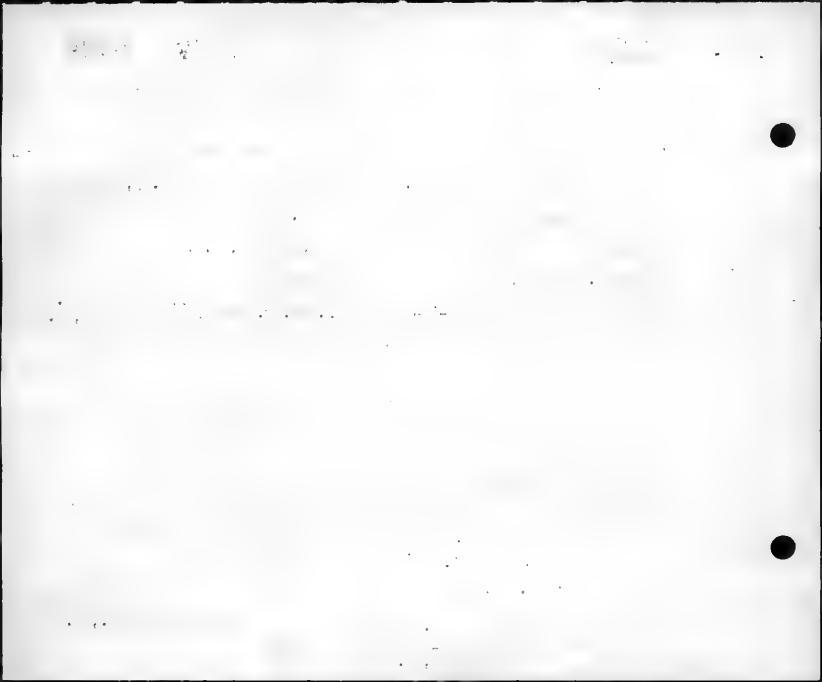
FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pending the hours after death. If any delay cossary, please execute the certificate, writing the word "pending" in pending to themade. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Indical Examinar's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours after death. File pages 1 and 2 with and in any event within permit. F TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit of Health or its designated agent, prior to burlal, cremation, or MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	4328	}	MEDICA	L EXAMINER	'S (CERTIF	ICATE	: OF E	PEATH	14	328	
1.	PLACE DE DEAT	ТН						E (Where dec	eased lived, If i		esidence befor	e admission)
	Montgor	merv		MARYLA	ND.	a. STATE			b. CDU	ntgome	prv	
	b. CITY DR TDY	VN (If outside corr	porate limits,	c. LENGTH OF STAY I				outside cor	porate limits, v	vrite RURAL	and give ne	arast town)
	Rockvi	L and give nearest	town)			Rocky	1110			15	,	
			UTIDN (if not in	hospital, give street add	iress)	d. STREET A					e. IS	RESIDENCE
	6002 Ti	lden Lane			1	6002	ጥሩገል	en Lai			YES	A FARM?
_	NAME OF	Luch Mane	First	Middle		Last	TILU	4. DATE	Mon	th	Oav Oav	Year
	(Type or print)	MAUDE	11100	F.		COLLIN	I C	OF DEATH				19
5.		6. COLOR OR RA	ICE . 7. MARRIE		7 8	DATE OF B		19.	Oct.	LIFTINDER	<u> </u>	
	Famala	White	WIDOWE	(2 M	700	_	last birthday	Months	Days Ho	urs Min.
108	L'emale LUSUAL OCCUPA	TION (Giva kind of v	vork done : 10b.	KIND OF BUSINESS OR	<u> </u>	2 Nov.			gn country)		TIZEN OF W	HAT
dur		king life, even if re	etired)	INDUSTRY					_	CO	UNTRY?	
13.	Housewarther's NAM					14. MOTHE	IIngt	on D.	U.		USA	
	C 1	7 737 . 4 . 3										
15	WAS DECEASED	EVERINUS. ARME	DEORCES? 1	6. SOCIAL SECURITY NO.	17.	Unkno INFORMANT	WEL		Addr	955		
(Yı	s, no, ar unkown)	(If yes give war or da	ites of service)				-	G	4107		ta Ct.	,
	No CAUSE OF	DEATH CENTER ON		120-46-3827		en. Wm	la Ra	Colli	ns Ale	xande	THE WAY	OCTIVE CRI
		EATH WAS CAUSE	- •	,	_	. —		4.200	ney A	cute		ND PEATH
	11 5	IMMEDIATE CA	USE (a)	COFOTTE	-7		321	3 / 5 0	.,,,,,	DUIL	_5/2	14 117.
	7201		OUE TO	Cerolio V	10	11	Ja 6	Die	0.56		= hr	mic
	Conditions, if gave rise to	Immediata	\-/	C 51000 N	, cl	3 (17)		0 / 3	9 2 2	_		
	cause (a), s	raring riid (DUE TO									
z	undarlying cau		(c)	BUTING TO DEATH BUT NO	T DEL A	TEN TO THE TE	DM INAL O	ISEASE CON	DITION GIVEN I	N PART 1(a)	119. WAS	AUTOPSY
(Tio	PART IN OTHER	STORTE TOART CORE	// IIIONS CONTRI	BOTTHE TO BEATH BUT NO	IKCON	IED IO INE IE	Manaro	ISENSE COM	ZITTONI GITTONI	11 7011 1 1(0)	PER	FORMED?
FIC	20a. EXTERNA	AL CAUSE WAS	1 205	DESCRIBE HOW INJURY	COCCIII	DDED (Enter	n dura of	laliney la De	rt I or Part II	of Hom 19	YES	NO 36
CERTIFICATION	PRIMARY OF DEA	CONTRIBUTING [200.	DESCRIBE HOW INJURE	OCCU	KKED, (EII (O)	Hature Di	majary an re	it i oi rait ii	Al Irain 10	,	
		INJURY Month, C		INJURY OCCURRED 20	o DLAC	E OF INJURY	/Nome for	206	City or town)	(Cou	mêu)	(State)
MEDICAL	Hour a.	,	Whi			y, street, offic			(OIL) OI COMM)	(500	ii (y)	(3(810)
¥		.m,	19 at w	ork at work						-		
	21. I certif	fy that I took ch	arge of the re	mains described abov	e, hel	d an Autops:	у 🔲 ,	Inspection	yes.	juiry 🗶 ,	and In r	my opinion
	death resul	ted from: Nat	ural causes 🖔	, Accident ,	Suk	cide,	Homicid		Undetermine	d manner		
	ACTUAL	00		000				EXAMINER			00 04	TC CICHED
	SIGNATURE	John	9. 1	Fall		_143.10.		ICAL EXAMI		1. 1.		TE SIGNED
	EXAMINER'S	John G	. Ball					AL EXAMINE		7/8/6	6 .	
00.	NAME (Type)			L CO. HALLE OF AFIL	FTERV			, city, town,	or county) CATION (City.	four or on	- Audion	(State)
238	REMOVAL (Sp	pecify)	ATÉ THEREOF	23c. NAME OF CEM		UN CHEMATO	uct					(21919)
2/	Burial DIR	ECTOR 10	/1066	Ft. Linco	ln	1 '	25a. REC	D BY REGIS	e Geor	REGISTRAR	S SIGNATUR	E
			neral H	ome-1531 Ro	elcv		ike	DOT 4		- 0	melen (
	~			ille Md.			DATE		1 1966	1100	new	udge

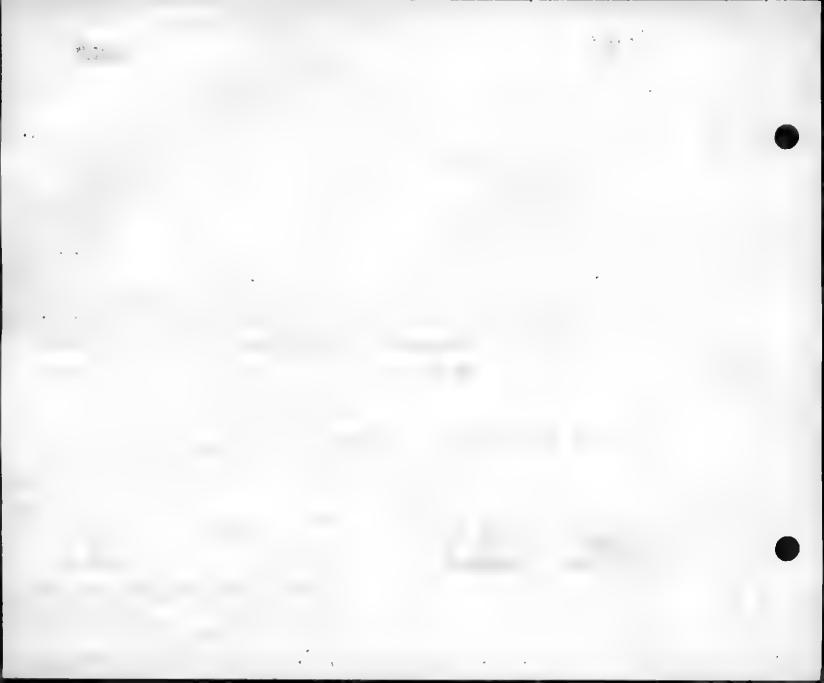
. - -

VR ALSME (5) SM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14320

· 48	7		14329)		CERTIFI	CATE (OF DEATH			14329	3
offer death		1	CTY OR YOWN (I	TORE CO. E	S. luensp	RING MARYL ENGTH OF STAY IN	AND	o. STATE Man	yland	b. COU	Ition: Residence befo INTY Montgo IRAL ond give neare	me ry
that the death certificate be executed within 24 hours after an. by the ottending physician and completely filled in by the furtionsit permit. The plants remove carbon papers. Pages I cremation, or removal, and in any event, within 72 hours after		-	NAME OF HOSPITA	t outside (orporate innit give nearest town) Ing	ot in hospitol, give s	21 Dr.		STREET ADDRESS			15,	e IS RESIDENCE ON A FARM?
within 2 ely fillec bon pap within	1)	3 1	IAME OF	Villa Nurs	rst	Middle		Lost	4. DATE	ia Avent	nth Do	· .
xecuted complet nove cor ny event,		_	Type or print)	6 COLOR OR RACE	7 MARRIED WIDOWED X	NEVER MARRIED DIVORCED	8 D	ATE OF BIRTH	9	AGE (In years lost birthday)	IF UNDER T YEAR Months Doys	IF UNDER 24 HRS. Hours Man
ifficate be en hysician and foleage ren (a), and in a		duri	Housewill	(Give kind of work done te, even if retired)	106 KIND OF INDUSTI Own 1	F BUSINESS OR RY LOTTIE	1	Greenle:	unty & Stote or for af . Kans		12 CITIZEN O COUNTRY U . S	?
ng physical property of the physical ph			FATHER'S NAME Hugh Tho		16 50018	L SECURITY NO.	17. INFO		S. Hobb		PARE	
he death ce ottending permit. The		(ÿe		IN U.S. ARMED FORCES? (If yes give wor or dates of NOTICE) ATH (Enter only one cou		-16-6432	Hugh	Reynol		ns Col	fRuaton S lege Park	Md
equires that the death certific physician. signed by the attending physiburial-transit permit. The purial, cremation, or removel.			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) My 0	cartia	I	a farci	المد			NSET AND DEATH
aw requires ading physici been signed the burial-l ar to burial,			Conditions, if ony, rise to immediate stating the under lost.	couse (o), (\"/	CVD						10475
4: The I or after te hos use os	.)	CERTIFICATION	Cerebr		osclerisi	s c	CVA					WAS AUTOPSY PERFORMED? (ES NO -
G PHYSICIAN: the haspital or this certificate detached for us te Dept. of Heali					20b. DESCRIB	OCCUPPED L	,	F INJURY (Home,		(City or town)	(County)	(Stote)
		MEDICAL	Hour o.n p.n 21. certif	v that (1) (this-has	While of work spital) attended	Not While ot work	foctory,	street, office bldg.,	etc.)			<u> </u>
retoined FCTOR: Schould with the			220. SIGNAJORZ	7	100	19 <u>.66</u> , a		ATTENDING _	at <u>6:20' N</u>	, fram causes	and an the da	te stated abave.
MOY RAL J	1		22c. PHYSICIAN'S NAME (Type)	au o	Much		M.D.	PHYS. LZ 22d ADDRESS 911	Silver	Spring	Ave, S.S	nd,
TO HOSPITA Page 4 mo TO FUNERA director, p should be	τ,	E	BURIAL, CREMATIO REMOVAL (Specify) ULLAI	3 Nov		ashingto		onal Ce	metery		and, Mary	land
VR A15 (4)- 20 M 1/66	1	Wa	nn B. In	omas Pumphrey.	Inc.	ADDRESS 8434 Geo Silver S	rgia A		NOV 4	1966	registrar's signatu	



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

ш		DIVISION OF STATES	TICHE RESER			THE PRESIDENCE	LI, DANIII	one, monte.	7110 2120	•	
	14330	}		CERTIFIC	ATE	OF DEATH			1433	Ó	
	a. COUNTY MO:	ntgomery		MARYLA	мD	2 USUAL RESIDENCE (V o. STATE Vir	Vhere deceosed ginia	lived, if institut of b. COUN		before odmission)	
	write RURAL and	f autside corporate limit l give neoren town) e soa (Kura]	.)	3 mos. 3	-	c CITY OR TOWN (If ou	tside caiparate ford	limits, write RUR	At and give n	earest fown)	
		AL OR INSTITUTION (IF IN	ot in h ospitel, g	ive street address)		1	Box			e IS RESIDENCE ON A FARM?	
		Hospital				Route 2,	Bps: 20			YES NO 🔀	
1	3 NAME OF DECEASED (Type or pnnt)		ıst liam	Middle Harry	(Collins	4 DATE OF DEATH	Month Oct.		Doy Year 21 19 66	
ŀ	S SEX	6 COLOR OR RACE	7 MARRIED 3			DATE OF BIRTH	10	AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	
	Male	Cauc.	WIDOWED	DIVORCED	<u> </u>	Oct. 23, 193	LO	lost birthday) 55 yrs.	Months D	Doys Hours Min	
	100 USDAL OCCUPATION during most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County Collins		- "		EN OF WHAT ITRY? USA	
ľ	13. FATHER'S NAME					14. MOTHER'S MAIDEN H					
	Z. C. (Collins				Unknown	1				
	IS WAS DECEASED EVE (Yes, no, or unknown) Yes	R INUS ARMED FORCES? (If yes give wor or dotes) 1931-1953	of service) 16. S	OCIAL SECURITY NO.		nformant Staf Irs. Edith C	ford ollins	Addre	va.	x 205	
	PART I. DEA! Conditions, if any, rise to immediat stating the under lost.	e couse (a), rlying couse	(o) Her 10 Bro (b) Bro 10 (c)	onchogenic	card	inoma				MTERVAL BETWEEN ONSET AND DEATH	
	CATIO					HE TERMINAL DISEASE CON				19 WAS AUTOPSY PERFORMED? YES NO	
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	205 DE			Enter noture of injury in l		l of item 1B.)			
	Hour o.r	n 19	While	Not While	focto	E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Count		
	21. I certi	fy thot>(1) (this hoseceosed alive on	spitoi) atteno	sed the deceased th	om_s d that	July 18 , 1 death occurred at	9_00_ta_ 730A_M,	from causes	19_0 ond on the	that (t) (we) lase date stoted above	
	226_SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED Oct. 21, 196 22c. PHYSICIAN'S 22d ADDRESS										
-											
	230 BURIAL, CREMATIC PEMOVAL (Specify BULLIAL	10-24	-66		mor	ial Cemeter	y Free	TION (City or Tov dricksbu	irg. Va	ounty) (Stote)	
	24 FUNERAL DIRECTO	Robert A.	Pumphr	ey Funeral	Hom		BY REGISTRAF		GISTRAR'S SIGI		
	7557 Wt	sconsin Av	e. Bet	hesda. Md.		DATE ()	CT 2.5	1966	Mary	es Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, cremation, of the modul, and in any event, within 72 haurs after deat the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

	MARYLAND STATE DEL L RESEARCH AND RECORDS, 301			AND 21201
14331	CERTIFICATE	OF DEATH		14331
n entering	MARYLAND	Distact of	ololunbia COUNT	
b CITY OR TOWN (If autside carporate imits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	Washing to	e carporate i mits, write RUR.	At and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (IF not in the Washington Sanitaring	naspital, give street address?	6.14 Ridge	Pd. S.E	e is resid on a fa yes
3 NAME OF DECEASED (Type or print) See See See See See See See See See Se	Norman C	Last 14.	DATE Month OF DEATH Sch	7 196
	MARRIED NEVER MARRIED 8	1-14-92	9. AGE (In years last birthday) yrs	1f UNDER 1 YEAR 1F UNDER Manths Days Hours
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106, KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & St	ate, ar farelign country)	12 CIT ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Colton	14. MOTHER'S MAIDEN NAM	larie P. 1	Delahay
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give way or dotes af serv		Spilal Rec	Addres	s
18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	r line for (a), (b), and (c).)	hision		INTERVAL BETV ONSET AND DI
fondstrons if any which nove	Portugues	6 000 v		more th

		L		HOSpital Records	
				r line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	(6.2)	-	DUE TO		more than
	rise to immediate	e couse (a), ((b) _ DUE TO	-"renchogene curenor a	6 Month tree
	lost,)	(c) _		
	PART II OTHER SIG	GNIFICANT CONDITIO	ns <u>contr</u>	IBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	20a ACCIDENT WAS OR CONTRIBUTING			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year Hour o.m. While Not While factory, street, office bldg., etc.)

Leonardtown, Maryland

19 at wark at work 19, 1/2 that (I) (we) last 2) I certify that (I) (this haspital) attended the deceased from AZZA: (A.7.) 19 6 to

saw the deceased alive an	19 <u>.</u> 6, and that death accur.	red atM, from causes o	and an the date stated above
220 SIGNATURE	ATTENDING	MED. STAFF	22b. DATE SIGNED

PHYS. PHYSICIAN S 22d **ADDRESS** 22c NAME (Type)

				<u> </u>	
					=
01 -	PUDIAL CREATATION	OTE DATE THEREOF	00.	NAME OF CEMETERY OR CREMATORY	
Z.363	BURIAL CREMATION.	235 DATE THEREOF	Z36	NAME OF CEMPLERT OR CREMATORT	

	REMOWAL (Specify)	A			
- 4	N CINCAL UF PADE/III.	() 1 (0 (0//			
- 6	14 17 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Oct. 10, 1966		St. Youenha	
- 4	ALCOUR.	O Color Con 1 700		JAA JUZICALO	

23d. LOCATION (City or Town)

REGISTRAR'S SIGNATURI REC'D BY 2Sb.

6 24 HRS Man

(County)

(County)

(Stote)

(State)

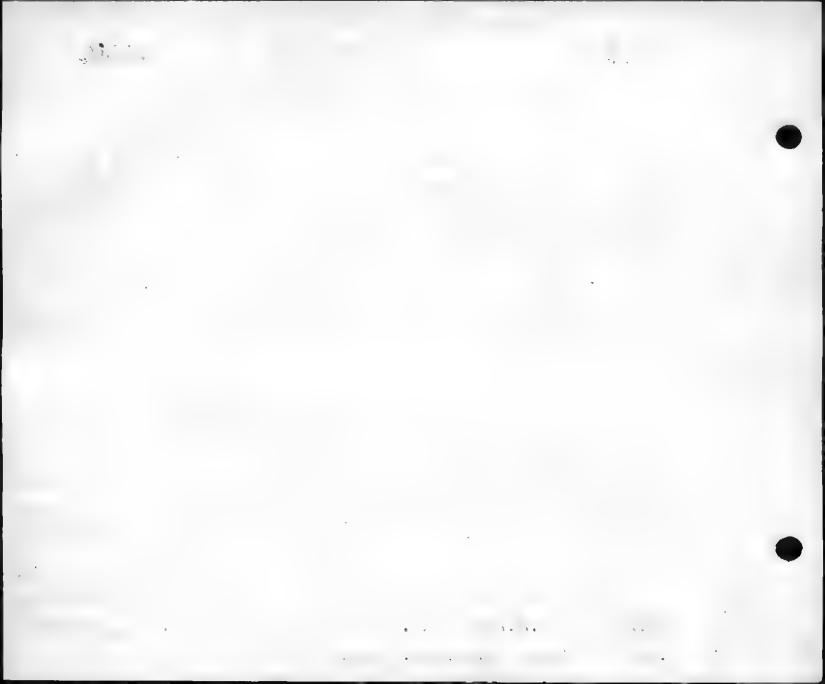
DATE

1 and 2 of deletts OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages J and e remove carban papers. Pages 1 In any event, within 72 hours after directar, page 3 shauld be detached far use as the burial-transit permit. There shauld be filed with the State Dept of Health prior to burial, cremation, ar remaka rage 4 may be removed by the attending to FUNERAL DIRECTOR: After this certificate has been signed by the attending to FUNERAL DIRECTOR: After this certificate has been signed by the attending to FUNERAL DIRECTOR. It is not the burial-transit permit. The Page 4 may be retained by the haspital or attending physician. TO HOSPITAL

VR A15 (4) 20 M 1/66

MEDICAL

24. FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14332 LERTIFICATE O

14232

7.400%	,		CERTIFIC	14.5	6562						
I PLACE OF DEATH					2. USUAL RESIDENCE (V	Where decea			before od	mission)	
OUNTY MC	ontgomery		MARYLAND O STATE Maryland b. CO							•/	
b CITY OR TOWN	(If outside corporate I mit	s,	C LENGTH OF STAY IN		CITY OR TOWN (If ou	AL ond give	give nearest lown)				
write RURAL on Bethes	d give necrest town)		81 days		Hyatts	ville					
	TAL OR INSTITUTION (IF IN	et in hospital, a			d STREET ADDRESS	7 2 3 2 2 2			IS RESIDENCE		
	Hospital		,		7603 I	hoorm	Street		YES	N A FARM?	
3. NAME OF		rst	Middle		lost	4. DATE	Month		Dov	Year	
DECEASED	Walter	131	E.	AD.	OLL	OF			DOY		
(Type or print) S SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B DATE OF BIRTH	DEATH	October AGE (In years	11 I I UNDER 1	YEAR TIET	1966 UNDER 24 HRS.	
Male	Cauc.		DIVORCED		une 26, 189		Last birthdoy)			ours Min.	
		WIDOWED	ND OF BUSINESS OR		T 11. BIRTHPLACE (County		111	12 (11)	ZEN OF WH	IAT	
during most of working	N (Give kind of work done life, even if retired)		Navy Navy				areigh country)		NTRY?		
		0.5	. Navy		Pennsylv				U,	SA.	
13. FATHER'S NAME	0 . 33				14. MOTHER'S MAIDEN I						
	m Croll				Sarah M					_	
(Yes, no or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.		NFORMANT Hyatt			1,1017	rylan		
				Mr	s. Charlotte	e Cro	11, 7603	Inwood			
18. CAUSE OF D	EATH (Enter only one count WAS CAUSED BY.	use per line for	(a), (b), and (c).)					1		AL BETWEEN AND DEATH	
PART I DE	IMMEDIATE CAUSE	(0)							0113211		
a 1	DUE	TO /									
Conditions, if ony		(b) / Ch	ronic Pulmo	nar	y Emphysema						
stating the unde		TO									
last.)	(c)									
PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELATI	ED T O 1	THE TERMINAL DISEASE CON	NDITION GIV	EN IN PART 1(a)		19 WAS	S AUTOPSY FORMED?	
E Cardia	c Vascular	Accide	nt						YES [
E 200 ACCIDENT WA	S UNDERLYING			JRŘED.	(Enter noture of injury in	Port I or Po	rt II of item 18.)				
	G CAUSE OF DEATH MEDICAL EXAMINER)										
₹ 20c. TIME OF INJ	URY Month, Day, Year				CE OF INJURY (Home, form		(City or town)	(Coun	ily)	(Stote)	
Hour o.	.m. 19	While of work	Not While of work	rocti	ory, street, office bldg., etc.)	}					
				om	July 22 ,1	9_66,	to Oct. 1	1 , 19 6	of that:	(1) (we) la	
saw the a	leceased alive an	t. 11	19 <u>66</u> , an	d tha	t death accurred at	220A	M, from causes	ond on the	e dote si	tated obav	
220 SIGNATURE		NI)		ATTEMPING	MED.	CTAEL		TE SIGNED		
	Tolor	p Kil	June 1	M.I	D. PHYS.	DIRECTOR	C STAFF PHYS.	ll II (Oct.	1966	
22c. PHYSICIAN			(,)		22d. ADDRESS						
NAME (Type	P. J.	KINNEY	M.D.		Naval Ho	<u>spita</u>	1. Bethes	da, Mo	1		
230. BURIAL, CREMATI		EREOF	23c NAME OF CEMETE	RY OR	CE (MINISTER)	23d. U	OCATION (City or Tox	vn) (i	County)	(Stote)	
REMOVAL (Specif Burial		1/66	Arlingto	n N	ational	Ar	lington,	Virgin	nia		
24. FUNERAL DIRECTO	R Francis G	·				BY REGIST		GISTRAR'S SIG			
			tsville, Md		DATE 0	CT 1	7 1966	Ochan	Pen Q	udar	

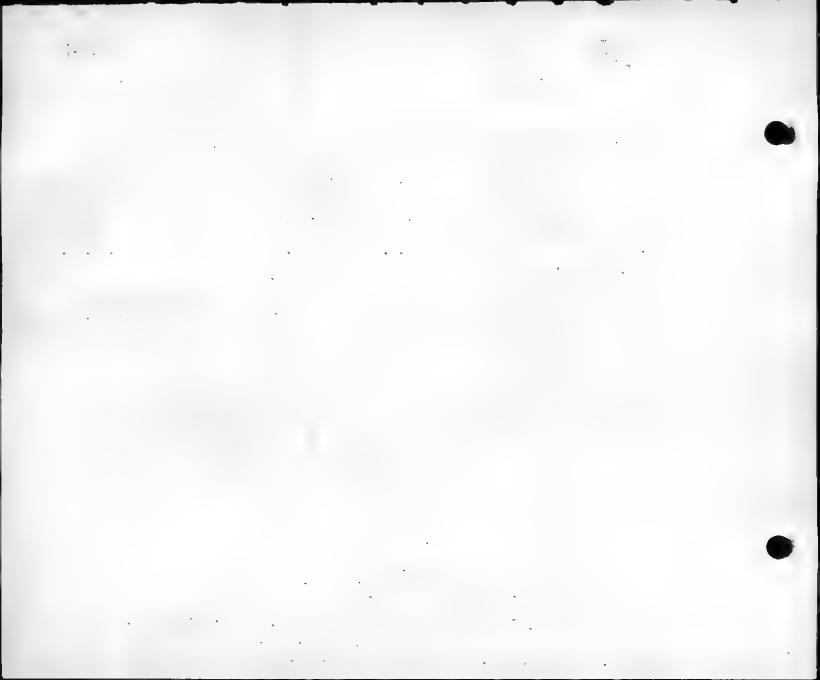
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicians and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then it is senowe carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR S	TATE	14333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14333
HEALTH	DEPT	1. PLACE OF DEATH a. COUNTY Montgomery MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Maryland Maryland Maryland Maryland
tuneral may be	r death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sakoma Park 60 days Silver Spring
S IV	Degafte	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCI
20 S	State hours	Washington Sanitarium and Hospital 9315 Weaver Street VES NO
any de 2, and PM3.	th the S in 72 h	3. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) Sarah Marietta Curtiss DEATH October 31 1966
ages 1.	2 with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday Months Days Hours Min. Genale White WIOOWED OIVORCEO Aug. 19, 1883 83 yrs.
fter de Give P g with	and and	10a, USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Ret. Clerk 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLACE (State or foreign country) 14. S. A.
Imum a em 18. ce alon	d in an	13. FATHER'S NAME (Unknown) Parsons 14. MOTHER'S MAIDEN NAME Mary E. Johnson
oin 24 l	oit. File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) None 217-52-6437) Dwight Curtiss Silver Spring Md
cate should be mecuted with the word "pending" in penc the Chief Medical Examiner	a burial-transit permit. I, cremation, or remova	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute massive pulmonary embolus DUE TO Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause fast. (c)
	used as to buria	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
is certi writing arded t	should be ent, prior	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.
ficate, oe forw	ge 3 shot	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, Hour e.m. While at work at work at work 19
ce the certi	DIRECTOR: Pag	21. I certify that Ltook charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinio death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
e execution. Pag	12 0	EXAMINER'S NAME (Type) Belden R. Reap Wheaton, Md. Address (Street, city, town, or county)
TO DEPUT please e director.	TO FUN of He	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Nov. 3, 1966 Arlington National Cem. Arlington, Ua.
VR ALS	SME (5) 1/65	29. FUNERAL DIRECTOR John & Short Stone Georgia Ave. 25a. REC'D BY REGISTRAR'S SIGNATURE Warner E. Dumphrey, Inc. Silver Spring, Md Date NOV 4 1966 John Judge

Items 18&21 Film 384 1-19-67 ara



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Items FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, functional Residence before admission) p. COUNTY .COUNTY P.M.3. Poge 50 deoth. MARYLAND HAMIL delay Deportment C LENGTH OF STAY N 16 c. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo write RURAL and give neorest town ofter (RU100D NAME OF HOSPITA. d STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION (if not in hospital, give street address) TOT IT within 72 hours NORWOOD CROSS Item 18. Give Pages Office alang with far Stote YES NO DO This certificate should be executed within 24 haurs often death 4. DATE OF DEATH 3 NAME OF First Middle Lost Month Doy Year DECEASED the (Type or print) with S SEX 6. COLOR OR RACE AGE (In veors IF UNDER YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Hours DIVORCED WIDOWED event 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CTIZEN OF WHAT during most of working to, even if retired)
HOUSEWIFE INDUSTRY COUNTRY? Ohio d "pending" in pencil in Chief Medical Exominer's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Eli Carleton Anetta Means File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service removal 301-05-6355 RS, ELSIE SOMMER 18 CAUSE OF DEATH (Enfer only one couse per INTERVAL BETWEEN buriol-tronsit PART I, DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (o) cremation, DUE TO to the Conditions, if any, which gave use to immediate couse (a). DUE TO stoting the underlying couse 0 forwarded lost. buriol WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. D. SEASE CONDITION GIVEN IN PART I IO. PERFORMED' ΝÔ pe prior to should be 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH agent, 2Dc. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Stote) Hour o.m. While foctory, street, office bldg , etc) Not While FUNERAL DIRECTOR: Poge ot work at work its designated 21 I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion the funeral director. death resulted frame Notural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE # TO DEPUTY may be Health or **EXAMINER'S** NAME (Type)

CEMETERY OR CREMATORY

Haven Memorial Park

23d LOCATION (City or Town)

2Sb

1966

Ohio

REGISTRAR S. SIGNATURE

Cincinnatti.

25o. REC'D BY REGISTRAR

DATE THEREOF

Tyson Wheeler Funeral Home-1331 Rockville Pike Rockville, Md.

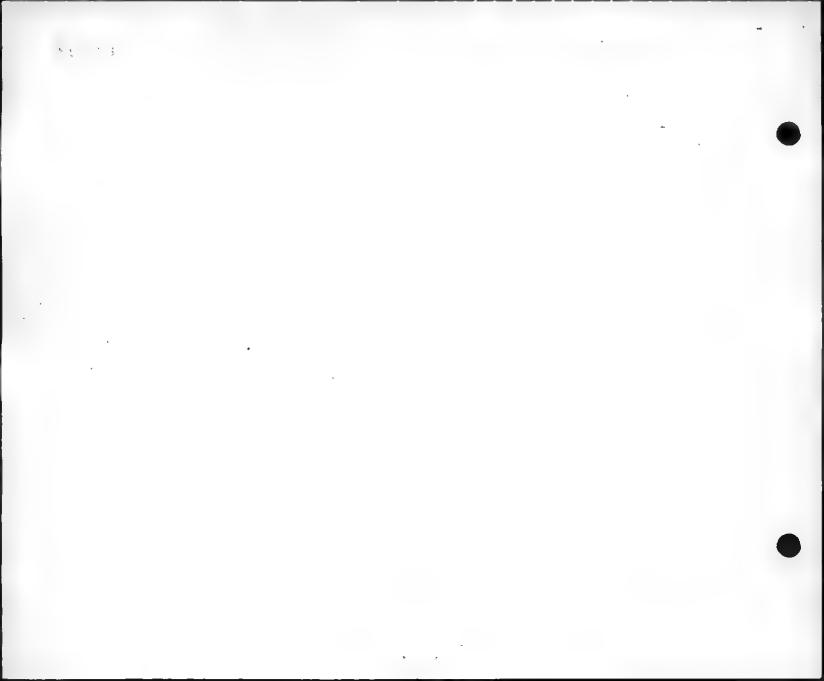
10/19/66

BURIAL, CREMATION

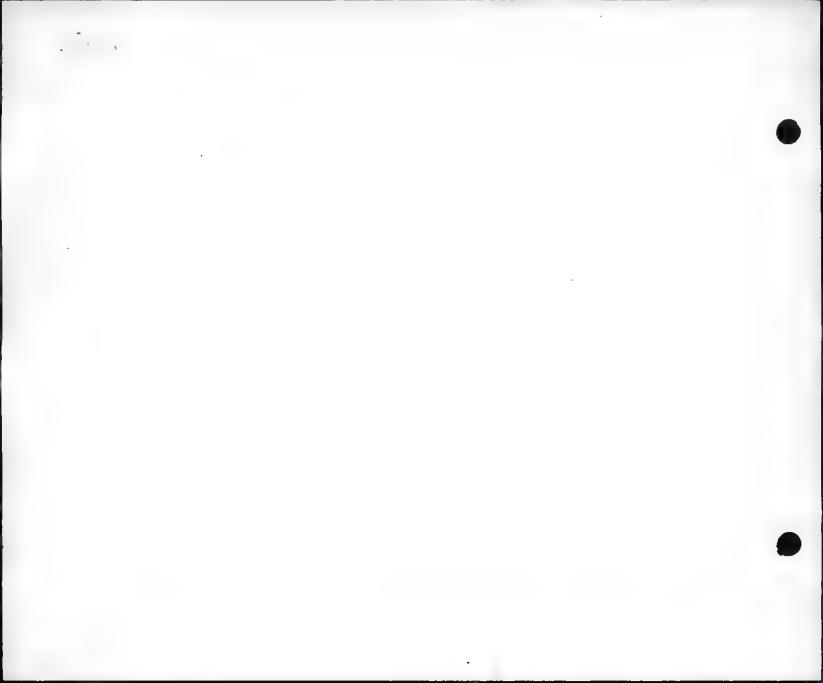
Bu REMOVEL Spessiot

VR A15ME [5] 6M 1/66

0



VR A15ME (5) 6M 1/66



CERTIFICATE OF DEATH

o. STATE Maryland

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

b. COUNTY Montgomery

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND

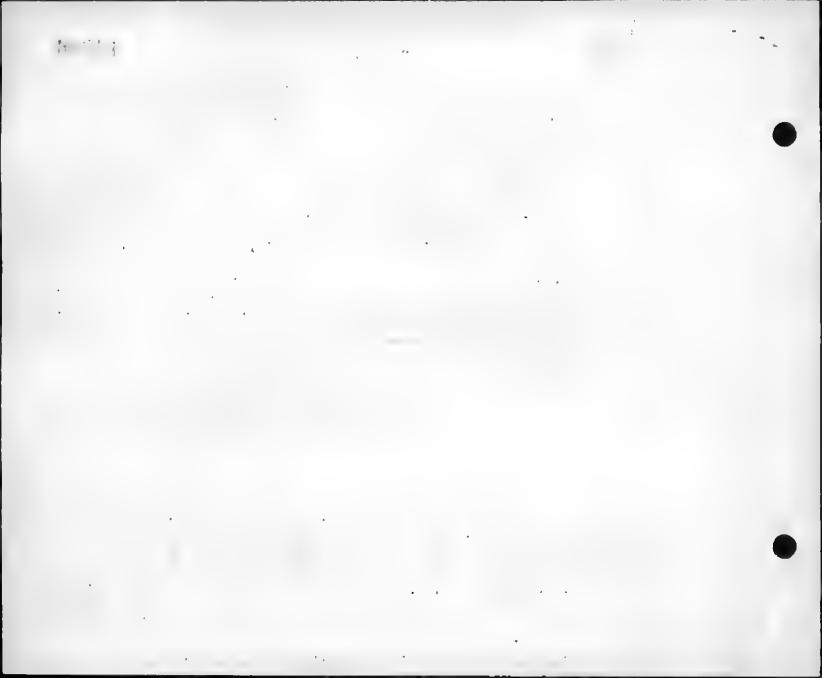
4		Division of SI
		14336
1		o. COUNTY Montgomery
		b. CITY OR TOWN (If outside carpored with RLRAI and give regress town be the Scare runs
1		d. NAME OF HOSPITAL OR INSTITUTION Naval Hospital
	3	NAME OF

filled in by the funeral papers. Pages 1 and dea event, within 72 hours after carban ешауе Pu. burial, cremation, ar remaya permit. burial-transit signed by certificate

aquires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this VR A15 (4) 20 M 1/66

c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) N (If outside carparate limits, Eda (Tural) 1 hour Bethesda PITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? 10009 Hurst Street Hospital YES NO First Middle Lost 4 DATE Month DECEASED (Type or pnn1) DOLAN Boy October 9 19 66 Baby DEATH S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** last birthday) Hours Oct. 9, 1966 Male Cauc. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY A COUNTRY? Bethesda. Montgomery. USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Loretta Ann Young Michael F. Dolan 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Bethesda. Address Maryland (Yes, no, or unknown) (If yes give war or dates at service) N/A Dr. Michael F. Dolan, 10009 Hurst St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Gross Imma INTERVAL BETWEEN Gross immaturity ONSET AND DEATH IMMEDIATE CAUSE (a) 776 X DUE TO Canditions, if any, which agve rise to immediate couse (a), DUE TO stating the underlying cause director, page 3 shauld be detached for use us use shauld be filed with the State Dept. af Health prior to last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 🔀 NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, affice bldg., etc.) Not While of wark at work 21. I certify that (* (this hospital) attended the deceased from Oct. 9 . 19 66 to Oct. 9 , 19 66 that Al) (we) last saw the deceased alive an Oct 0 1966, and that death accurred at OJOPM, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. Oct. 12, 1966 M.D. PHYS. Naval Hospital, Bethesda, Md. 22c PHYSICIAN'S NAME (Type) E./Tompkins, M. D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BUR AL, CREMATION 23b DATE THEREOF (State) (County) REMOVAL (Specify) 10-12-66 Calvary Cemetery New York City, New York HINKAT DIRECTOR Robert A. Pumphrey **ADDRESS** 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 56 Funeral Home, 7557 Wisconsin Ave., Bethesda



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14337 and campletely filled in by the funeral remave carban papers. Pages I and 2-in any event, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY o. STATE a. COUNTY Montgomerv MARYLAND CITY OR TOWN (If autside corporate imits, write RURAL and give nearest tawn) c CITY OR TOWN (If autside carporate limits, write RURAs and give nearest town) c. LENGTH OF STAY IN 15 Washington Kensington e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 90 3723 Jenifer St.. NO TO Carroll Hall Sanitarium YES 3. NAME OF Middle Lost DATE Year DECEASED 1966 Proctor Doughertv Oct. DEATH (Type or print) IF UNDER 1 YEAR 9. AGE (In years S SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED NEVER MARRIED ast birthday) Manths Davs Haurs emayal, and in any White July 9.1873 Male WIDOWED DIVORCED 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or fareign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? physician o during most of working life, even if retired)
Engineer Retired Mass. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 다. Mary Elizabeth Proctor Michael A. Daughertv 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. (Yes, no or unknown) (If yes give war or dates of service) Hospital Records signed by the atte burial-transit perm burial, crematia≡, a INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (o). OUE TO stoting the underlying couse for use as the l Health prior tak has been last. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e, PLACE OF INJURY (Home, farm, (City or town) (County) 20d. INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour p.m. While at work 1966, that (1) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from 1950 director, page 3 shauld should be filed with the and that death occurred at 5140 M, fram couses and on the date stated above saw the deceased alive an Oc 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION 23b. DATE THEREOF (County) removal (Specify) Washington Lees Crematory 10/16/66 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15 (4) 20 M 1/66 Wm. Lees Sons Washington.



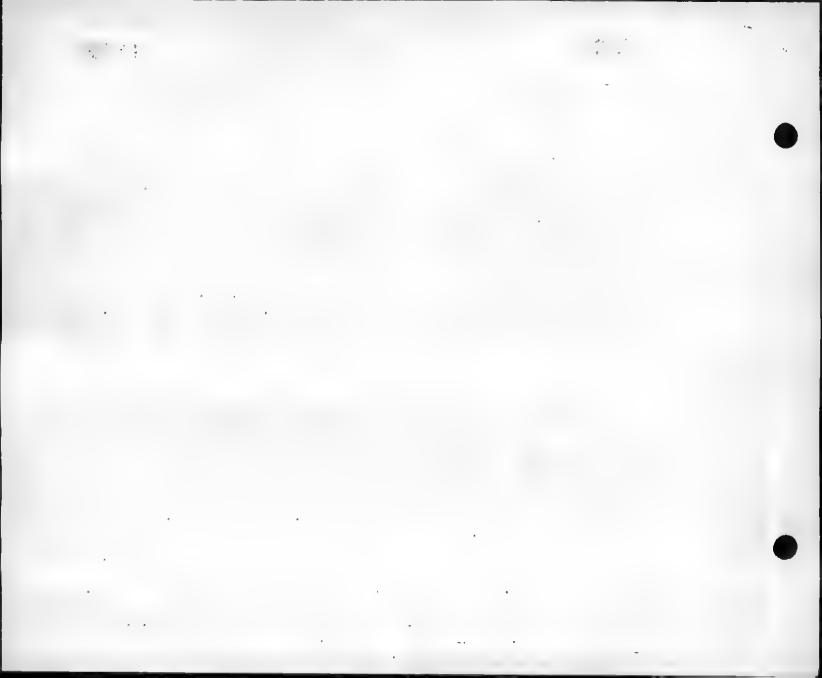
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1433	14338 CERTIFICATE OF DEATH						143	14338				
/		LACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceas			e before	odmissio	n)	
1	((OUNTY MO	ntgomery		MARYL	AND	o STATE Mar	yland	b. coul	NTY		V	/	
1	ŀ	CITY OR TOWN (autside carparate limit	,	c LENGTH OF STAY IN		c CITY OR TOWN (If ou		te limits, write RUI	RAL and give	neores†	town)	-	
1		Bethes	da (rural)		l đay		Lexingt	on Par	alz					
	(it in h	aspital, give street address)		d STREET ADDRESS	on rai	Λ.		e	IS RESID	ENCE	
l			Hospital				9 Coral	D7				ON A FA	ARM?	
-	3 1	IAME OF	Fire	ct	Middle		lost	4 DATE	Man	th	Day	Yeo		
•	- (ECEASED				.h.o.		OF			Duly			
5.	-	Type or print) EX	6 COLOR OR RACE			lber	DATE OF BIRTH	DEATH	AGE (In years	16 I IF UNDER 1	YEAR T	IF UNDER	24 HRS	
-					DOWED DIVORCED	(a.b.)	July 5, 196	_	rast birthday)		Pays	Hours	Min.	
100	_	Male	Cauc. (Give kind of work done		10b KIND OF BUSINESS OR		11 BIRTHPLACE (County		yrs yrs		IZEN OF	TAILIAT		
c	lure	ng most of working	kie, even if retired)		NOWATRY		Patuxen			COL	UNTRY?		JSA	
		FATHER S NAME			41/48		14 MOTHER'S MAIDEN N		T , PRG .			-	JOH	
	٥.		d C DUBERT						MENTE					
_					Ly come or cupity no	1 12 1	Bonnie							
1	[7 e:	, no, orthblobwu)	R IN U.S. ARMED FORCES? (If yes give war or dates o	fserv	16. SOCIAL SECURITY NO.			rk, Mo			_			
	_		·				Richard C. I	Dubert	, 9 Cora	11 P1.	Lexi	ngtc.	n	
	1			line far (a), (b), and (c).)					INTERVAL BETWEEN ONSET AND DEATH					
			IMMEDIATE CAUSE	(0)	Pseudomembranou	is e	ntrocolitis	with	fibro		0113	., .,,,,,	LH(I)	
		3710		TO	purulent per	cito	nitis							
	ı	Canditions, if any, rise to immediat	e couse (o)	(b)										
	- 1	stating the under	lying couse DUE											
		last		(c)_							1			
	5	PART II. OTHER \$10	GNIFICANT CONDITIONS C	ONTRI	BUTING TO DEATH BUT NOT RELAT	TED TO 1	HE TERMINAL DISEASE CON	IDITION GIVE	N IN PART I(o)		19.	WAS AUTO PERFORMI	IPSY ED?	
- mar	3												NO 🗌	
	RTEL	200 ACCIDENT WAS	UNDERLYING CAUSE OF DEATH		20b, DESCRIBE HOW INJURY OCC	URRED ((Enter nature of injury in I	Part 1 ar Part	t II af item 18.)					
	۳		MEDICAL EXAMINER)											
	MEDICAL CERTIFICATION	20c. TIME OF INJU	IRY Month, Day, Year		20d INJURY OCCURRED 2		TE OF INJURY (Home, farm ary, street, affice bldg., etc.)		(City or town)	(Cou	inty)	(5	State)	
,	Ĕٳ	p.n	n. 19		ot work at wark									
		21. I certi	fy that ≰t) (this has	pital)	attended the deceased for	ram	Oct. 16,1	9 <u>66, t</u>	o Oct. 16	, 19	66 th	r) (M) te	we) las	
	-	saw the di	eceased alive an	Oc.	t. 16 19.66, ar	nd that	death accurred at	SLOAN	l, fram causes	and an th	ne date	stated	abave	
	ı	220 SIGNATURE	1 1	-	1		ATTENDING	MED.	STAFE		ATE SIGNE		.,	
	1		Jemy	7	Locaron	M.D). PHYS.	DIRECTOR	STAFF PHYS.] Oct.	_T7,	196	06	
	ı	22c. PHYSICIAN'S NAME (Type)	J .3	17	W.D		22d. ADDRESS				_			
		Manne (4 Abe)			omasovic, M.D.		Naval Ho				d .			
		BURIAL, CREMATIC			. #8 4 53				CATION (City or To		(County)	(S1	tate)	
		SEWONAH SOUN					heme ret.A	Dui	kirk, N.					
			RRobert A.					BY REGISTR		GISTRAR'S SI	GNATURE	0 4		
		Funeral	Home, 7557	Wi	sconsin Ave. Be	ethe	sda/ DATE U	CT 2 (1966	Milian	reg	Jud	gl.	

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physicion.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14339 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY Montgemer P.M3. Page Ö death. MARYLAND 20 part ment b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 mits, write RJRAL and give nearest tawn) and de write RURAL and give nearest town after d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) Ge1117217 d STREET ADDRESS IS RESIDENCE ON A FARM? form Del hours penal in Item 18. Give Pages Stote NO K ders YES This certificate should be executed within 24 hours ofter death 3 NAME OF Middle Lost DATE Month Doy DECEASED OF the OCT within (Type or pnnt) 66 olomg \ DEATH 19 with S SEX 8 DATE OF BIRTH . AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE NEVER MARRIED ast birthdoy) Months DIVORCED WIDOWED event Office Ċ) and 10a USUA, OCCUPAT ON (Give kind of work dane 10b K ND OF BUSINESS OR 11 B RTEPLACE (State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if refired) **VDUSTRY** U COUNTRY? Washington, Dc. dny Exominer's 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME .⊆ Lewis Helen John son 9110 .⊑ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes go, or unknown) (If yes give wor or dates of service) pending" i Chief Medical Mary Loy Ege. As removal 231-18-9602 No perm INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH burial-fronsit PART I. DEATH WAS CAUSED BY COTONOTY Insufficency Doute ŏ IMMEDIATE CAUSE (o) wr ting the word cremotion, DHF TO Conditions, if ony, which gove (b) rise to immediate couse (a). forworded to DUE TO 0 stating the underlying couse 050 lost burial, used PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY CERTIFICATION PERFORMED? NO 0 90 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) its designoted ogent, prior 3 sh≣uld PRIMARY I or CONTRIBUTING I 4 showld O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (Stote) (County) Hour o.m. While Not While foctory, street, office bldg., etc.) Poge of work at work 21. I certify that I taak charge of the remains described above, held an Autapsy [Inspection X Inquiry X and in my apinian death resulted from: Natural causes 🔀 Surcide [Accident Hamicide Undetermined manner

please execute the certificate, moy be retoined for your FUNIMAL DIRECTOR: Poge the funeral director.

ACTUAL SIGNATURE **EXAMINER'S** Ball John

Gai thersburg

CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

22. DATE SIGNED

230 BURIAL, CREMATION

24 FUNERAL DIRECTOR

Ernest

NAME (Type

DATE THEREOF

Gartner

23c NAME OF CEMETERY OR CREMATORY Massautten

23d LOCAT ON (City or Town) Woodstock

(County) (Stote) Va

VR A15ME (5) 6M 1766

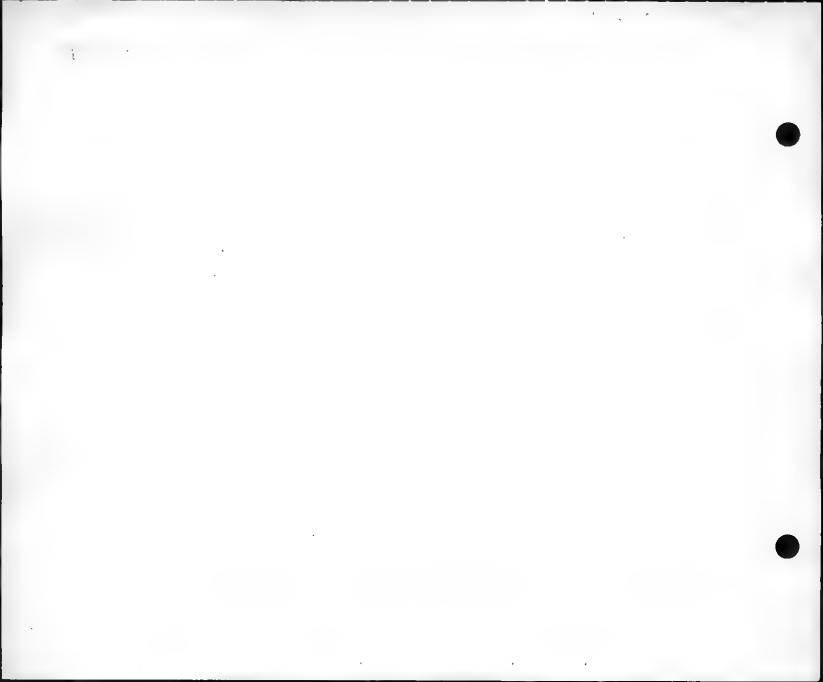
0

0

Health (

2Sb 1966

REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH 14341 death: requires that the death certificate be executed within 24 haurs after death. pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) completely filled in by the funeral lave carban papers. Pages 1 and b. QUNTY Montgomery a. COUNTY after MARYLAND TUCITIETH b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Silver Spring 20 days IS RESIDENCE ON A FARM? ve carban papers. event, within 72 h d NAME OF HOSPITAL OR INSTITUTION (If not in bospital, give street oddress) d. STREET ADDRESS YES 🔲 NO X 3. NAME OF First Middle DATE Month Lost Doy DECEASED 1966 DEATH Type or print IF JNDER T YEAR I IF UNDER 24 HRS. SEX DATE OF BIRTH AGE in years 7. MARRIED NEVER MARRIED remave last birthdoy) Manths 4-3-9 any ∇ DIVORCED WIDOWED and 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUAL OCCUPAT ON (Give kind of work done 1) BIRTHPLACE (County & State, or foreign country) please during most of working life, even if retired) INDUSTRY COUNTRY? MONE 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor ar dates of service) 100 cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove nse to immediate cause (a), DUE TO tar use as the t f Health prior ta b stoting the underlying cause has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO this certificate 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or Town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg, etc.) While of work at work O FUNERAL DIRECTOR: After 1964, to 3 Oct. 19 6 6, that (1) (***) last 21. I certify that (I) (this hospital) attended the deceased from be retained saw the deceased alive on 3 October 1966 and that death occurred at 340 P.M. from couses and on the date stated above. 29a SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v DIRECTOR MD. PHYS ADDRESS SILVERS PRING, Md. 831 UNIV. BLVd. NAME (Type) MORBILL QUINNAM 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) CONGRESSIONAL CEMI WAShington D. C BURIAL AVE NO 350. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 5130 WISCONSIN

WASHINGTON D.C

1966

Charles

VR A15 (4) 20 M 1/66

JOSEPH COAWLERS SONS

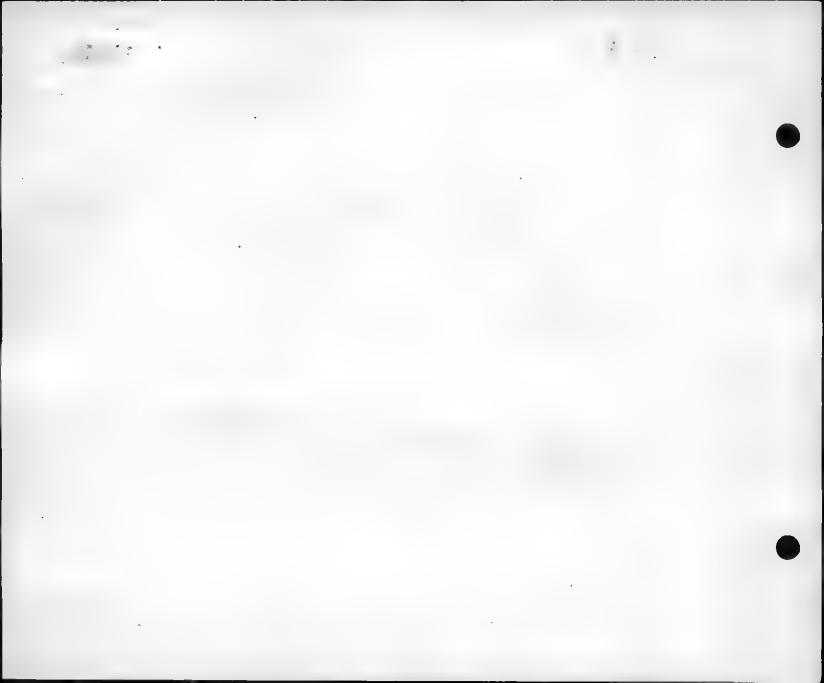


MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14340 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (if autside carparate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS YES NO 🔀 3. NAME OF DATE First Middle Last Day DECEASED (Type or print) DEATH IF UNDER 1 YEAR S. SEX DATE OF BIRTH AGE 6. COLOR OR RACE (In years 7 MARRIED NEVER MARRIED birthday) Manths Haurs DIVORCED WIDOWED 12. CITIZEN OF WHAT 10e USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY RV541A USEWIFE 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 401116 UNKNEY IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service INTERVAL BETWEEN ONSEY AND DEATH 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).

PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WIELLITU'S NO 20a ACCIDENT WAS UNDERLYING [1] 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour a.m. Nat While factory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram. P.M. fram causes and an the date stated above. saw the deceased alive an 2 19 166, and that death accurred at 220. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR PHYS 22c. PHYSICIAN'S ADDRESS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION BURT ATV 10-5-66 BNAI ISRAEL CEMETERY OXON MARYLAND 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS SONS WASHINGTON 1866

requires that the death certificate be executed within 24 hours after death camptetely filled in by the funeral ave carban papers. Pages I and signed by the attending phrsi burial-transit permit. Then burial, crematian, ar removal, as the prior ta has been TO FUNERAL DIRECTOR: After this certificate by the haspital or director, page 3 should be detached shauld be filed with the State Dept. of etached be retained VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14342 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before downs PLACE OF DEATH o. COUNTY b. COUNTY Virginia Montgomery MARYLAND b CITY OR TOWN (If outs de corporate : mits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 c CITY OR TOWN (If auts de corparate limits, write RURAL and give nearest tawn) 10 Days Arlington Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? U.S. Naval Hospital, Bethesda, Maryland 421 North Monroe Street YES NO K 3 NAME OF Middle 4 DATE Eirst last Morth DECEASED ÓF ELHOT 19 66 Sandra Louise October (Type or print) DEATH S. SEX 9. AGE (In years IF JNDER 1 YEAR | IF JNDER 24 HRS. 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED XX lost birthday) Days Hours DIVORCED | WIDOWED 30 May 1952 Cauc Female 10a USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY N/A COUNTRY? Monterey, California Student USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Luz Goenaga Joe ELIOT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 421 North Monroe St. (Yes, no, or unknown) (if yes give war as dotes of service) Joe ELIOT. CAPT/USN Arlington, Virginia INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) Septicemia Gram Negative Aplastic Anemia **DUE TO** Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause last. 19 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 📦 NO 20g ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Haur a.m. Not While factory, street, affice bldg., etc.) at wark at work 21. I certify that (K(this hospital) attended the deceased from 5 October, 19 66, to 15 October 19 66, that (K(we) last 15 October 19 66, and that death occurred at 541PM, from causes and on the date stated above saw the deceased plive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** Olleman 16 October 1966 M.D PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S Merlin G. OTTEMAN, LCDR MC USNR NAME (Type) U.S. Naval Hospital. Pethesda, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) 10-18-66 Arlington National Cemetery Buria Arlington, Virginia 24 FUNERAL DIRECTOR ROBERT

Bethesda, Maryland

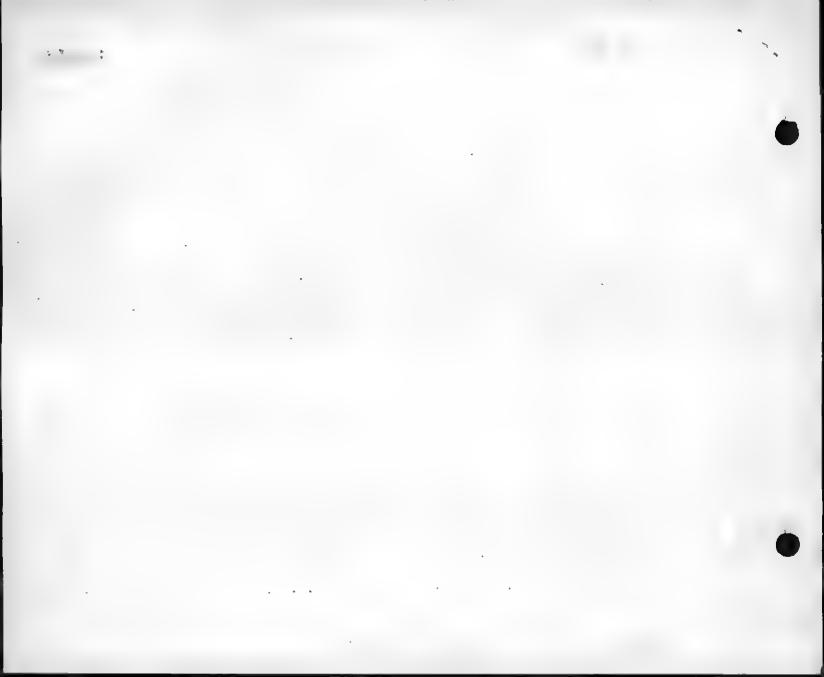
25b REGISTRAR'S SIGNATURE

250, REC'D BY REGISTRAR

death requires that the death certificate be executed within 24 hours after death. Pun. by the funeral icion and campletely filled in by the fur gase remave carban papers. Pages 1 and in any event, within 72 haurs after signed by the attending burial-transit permit. The burial, cremation, as regard Page 4 may be retained by the haspital ar attending physician. as the prior to f has been TO FUNERAL DIRECTOR: After this certificate ha director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health p

VR A15 (4) 20 M 1/66

Pumphrey



DAITIMODE MADVIAND 21201

				IICAL KESEA	CEDTIEICAT	E OF DEATH	·	IIMUKE, MAKIL	4 A	201 20 Ale		
		14343			CENTIFICAT	7.4030						
		PLACE OF DEATH O. COUNTY				2 USUAL RESIDENCE G. STATE	E (Where deci	eased lived, if instituti b. COUN		ice befare	odmissi	an)
	,	0. (00)11	MONTGOMERY		MARYLAND		RYLAND	D. (00h	L			1
	b CITY OR TOWN (If outside carparate I mits, write RURAL and give nearest town) BETHESDA-SILVER SPRING				c LENGTH OF STAY IN 16	c. CITY OR TOWN (II	autside corp	orate limits, write RUR	AL and giv	e nearest	tawn)	,
		BETHESDA	-SILVER SP	RING		SI	LVER ST	PRING				
		RETHERD	AL OR INSTITUTION (If n	at in haspital, g	ive street address)	d. STREET ADDRESS				е	ON A F	
		SILVERS	PRING NURS	ING HOM	IE	8207 GRU	IBB RO	AD		У		NO 🗌
	3 [NAME OF DECEASED		rst	Middle	Lost	4 DATE			Doy	Ye	ar
	((Type or print)	EV	A ETELS	ON		DEAT			1966		
	S :	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years last birthday)	IF UNDER Months	1 YEAR Dovs	Hours	R 24 HRS. Min
	FE	EMALE	WHITE		DIVORCED			80 yrs.				1 """
		SUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (Cou	inty & State, ar	foreign country)		TIZEN OF	WHAT	
	don	HOUSE			T HOME	LITHUAN				USA		
	13.	FATHER'S NAME		•		14. MOTHER'S MAID	EN NAME					-
		ABBA	POSNER			SHANA	RTUA	?				
	IS (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of service) 16 :	SOCIAL SECURITY NO 17.	INFORMANT		Addre	ss TAK	DMA 1	PARK	.MD.
(Yes, na, ar unknawn) (If yes give war or dates of service) NO MRS_RENA_BECKER_7						P 7520 MAT	LE A	JENUI		,,,,,		
		18 CAUSE OF DE	ATH (Enter anily ane can H WAS CAUSED BY			,					RVAL BET ET AND I	
		PART I DEAT	IMMEDIATE CAUSE	(a) P/V	EUMONIA					1	WK	-
			DUE	10 051	REBRAL 7	MIROME!	1010			16	MO	25
		Conditions, if ony, rise to immediat	e couse (n)	1-1	CETTICAL /	MICOLIA	712			9	/-/ 0	*** ,
		stating the under	lying couse DUE									
		kust	,	(c)	A DELVIL DIEV HOY DELAYED TO	THE TERMINAL DISTAGE	COL DITION C	MEN IN DART 15-1	-	110	WAS AUT	ODCV
	NO	PART II OTHER ST	GNIFICANT CONDITIONS	ONIKIBUTING I	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	CONDITION G	IVEN IN PAKT 1(0)			PERFORN	1ED?
	2	00 455000000000000000000000000000000000	Halorotynia E3	7 001 05	CONTRACTOR INCOME OCCUPATION		:- D I F	II -f 2 103		TE.	S 📋	NO K
	MEDICAL CERTIFICATION		CAUSE OF DEATH	20a. DE	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury	IN PORT OF F	on ii or irem ie j				
	AL C		MEDICAL EXAMINER)	204 14	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, 1	form. 20f.	(City or town)	160	unty)		(Stote)
	(ED)(C	Hour on		While	Mat While fo	ctory, street, office bldg.,	etc.)	(cut or rown)	(CO	uitiy;		fainiaì
	~	рп		at wark		(InDi)	10 (/	10 3 007	10/	- J	. (1) (3.1
			ry that (I) (mis not eceased alive on		ded the deceased fram_	at death accurred	1966					we) las
		220. SIGNATURE	stedsed dilve un	(1)11	7.00, 010		77	in, nom cooses		ATE SIGNE		O ODG VC
			///AHX0	Your House	200	ATTENDING PHYS	MED	STAFF PHYS.		CT		>
		22c. PHYSICIAN'S	100-0	-0 -	0/ - 1/	22d ADDRESS			WH	EAT	UN	
1		NAME (Type	WHLTE	(B	GOOTH P	11 2390 60	EMMO	UT EIR	~ (/	MI	2	
	230	BURIAL, CREMATIC		IEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d	LOCATION (City or Tax	wn)	(County)	(2	itate)
		REMOVAL (Specify BURIAL	10/5/6	6	BNAI ISRAEL			BALTIMORE	E. MAI	RY LA	VD	

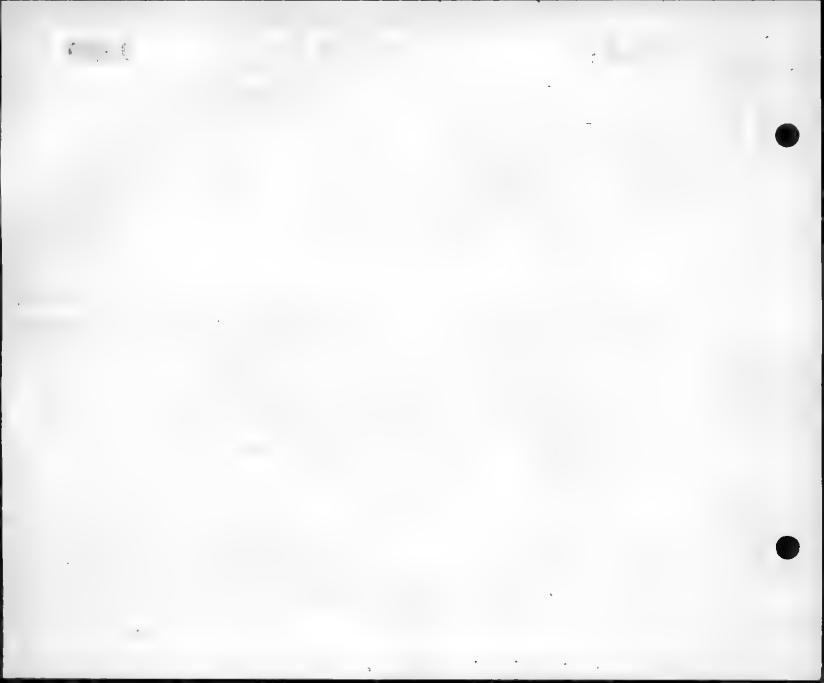
TO FINIERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then algase remaye carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

24 FUNERAL DIRECTOR **ADDRESS** & BROS. INC. 6010

REC'D BY REGISTRAR 250 1966 DATE

MORE MARYLAND
25b. REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

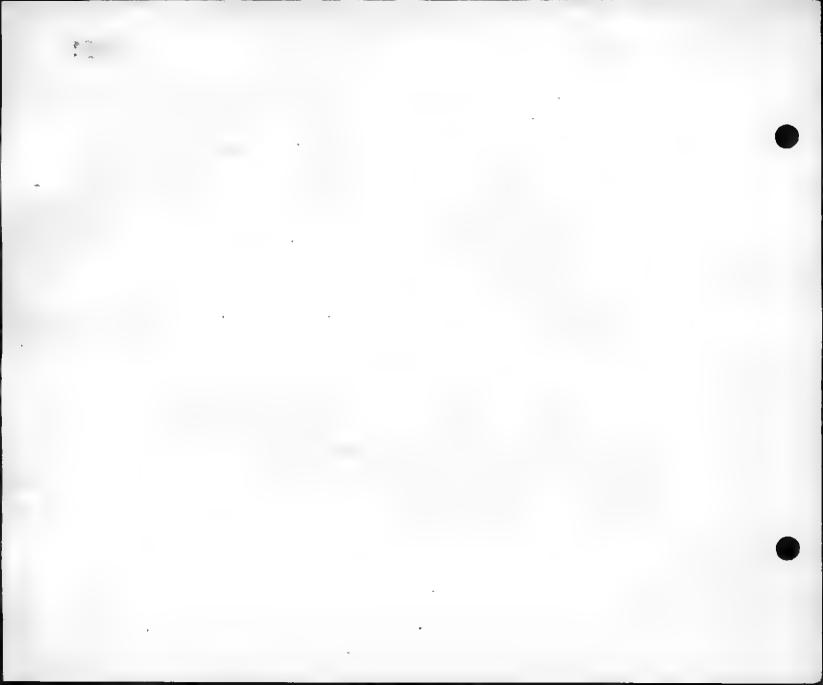
14344

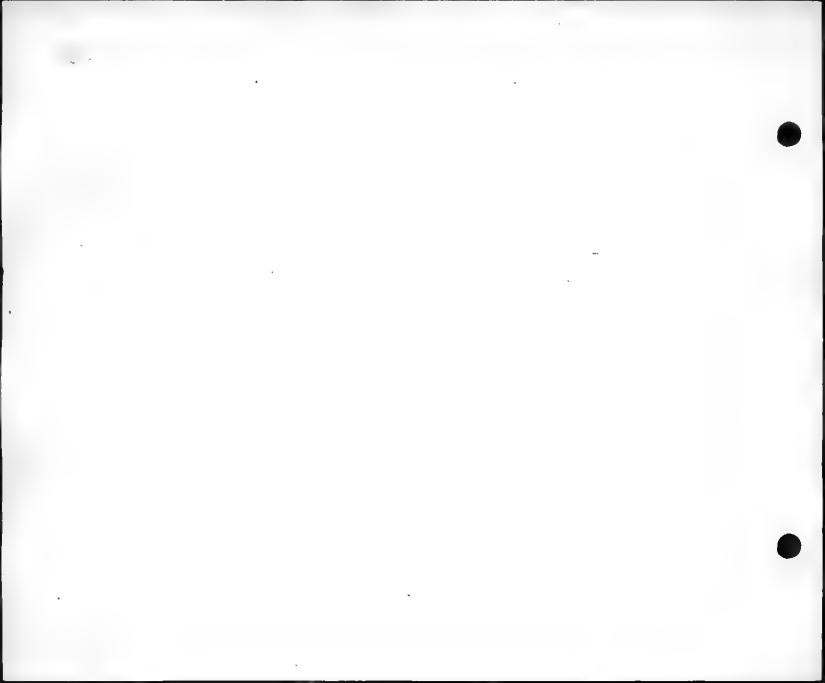
CERTIFICATE OF DEATH

14344

	1 (PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)				
- 1	0	COUNTY -	o STATE b. COUNTY				
ļ		11/07 T G COMPLEY MARYLAND	Manticol,				
_	ŀ	OCITY OR TOWN (If outside corporate limits write RURAL and to ve register own)	c CITY OR TOWN (if gutside corporate lymits, write RURA) and give	e neorest tawn)			
		Wille KUKAL BILD'Y VE HEDDAY TOWN)	- Betherda				
ŀ	_	I. NAME OF HOSPITAL OR INSTITUTION (If not an hospital, give street padress)	d STREET ADDRESS	e 15 RESIDENCE			
	-	I. MAINS OF HOSE TALL ON THIS CHOOSE (II HOSE) III HOSE III GOVE SILEET GOODESS)	10000 48 11. 10.	ON A FARM?			
		Supurban	630 1- Wynkorp Bly	YES NO			
ı	3. I	NAME OF First Middle	Lost 4 DATE / Month /	Day Year			
Į.	ļ	ECEASED ZZZ		121. 11			
J		Type or print) dodd XI XI Fe	ZYYZY DEATH OCT	an Mr.			
- 1	5 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Days Haurs Min.				
ı	4	Comt. Lo 11/2, 40 WIDOWED DIVORCED	6/23/22 4/ ys	2010 1100			
ı	f0a	USLAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR		TIZEN OF WHAT			
J	dura	ng most af warking life, eyen if retired) INDUSTRY	-Mark -1-1 (0	UNTRY?			
-1		none	THE GOYL	11/1/			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		Allen R Fritar	Ky hout 2 / Sen Ken				
ŀ	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I	INFORMANT Address				
	(Ye	no ar unknown) (If yet auto war or dotos of source)		1.4.			
		no no unknown Mr	s. Roberta B. Farrar, Mother				
- [18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN			
- 1	- 1	PART I. DEATH WAS CAUSED BY.	ARREST	ONSET AND DEATH			
	- 1	- IMMEDIALE ORDER (9)					
	- 1	DUE TO	String of the st	7. 1 800 23			
ſ	- 1	rise to immediate couse (a),	-TUMRO, be com				
-1	- 1	station the underlying cause > DUE 10		20			
- 1	- 1	lost. (c) Paratuya	oil Alguoma	5. B. 4. 4.			
- 1		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY			
	중		· ·	PERFORMED?			
	CERTIFICATION	B Roncho Augumon		YES 2 NO			
	틹		(Enter nature of injury in Part I ar Part II af item 18.)				
	ĕ	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	MEDICAL		CE OF INJURY (Home, farm, 20f (City or town) (Col	unty) (State)			
		Hour a.m. While - Not While - fact	tary, street, office bldg , etc)	()			
	2	p.m. 19 al wark L al work L					
	- 1	21. I certify that (1) (this haspital) attended the deceased fram_	1016 , 19 65 to 10174 , 19	G, that (I) (we) last			
	- 1	saw the deceased alive an 10 14 19 66, and tha	t death accurred at the M, fram causes and an ti	he date stated above.			
	- 1	22a. SIGNATURE	22b. D.	ATE SIGNED			
	- 1		D. PHYS DIRECTOR PHYS.	114166			
	- 1		P. IIII	Shacime.			
		11/10/19/00 E . DO 1/3- 1/1- E - 1/3	\$718 Wisconsin A.	J			
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (Stote)			
		Burial Oct 18,1966 Greenwood	Cemetery Brooklyn, New	Vonle			
-	24	Burial Oct 18,1966 Greenwood FUNERAL DIRECTO OS eph Gavlenia Sons Work	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S S				
	14	FUNERAL DIRECTOR OS eph Gawler's Sons, Wash.	DC DATE OCT 19 1966 Colo	rles Judge			
			DATE THE MIND RECOVER	LOW MANAGEMENT			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, of the print and in any event, within 72 hours after deafth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician.





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14346

FOR STATE HEALTH DEPT.

any de ay is

Fire pages lond 2 with the State Department of

and in any event within 72 haurs ofter death.

necessory, please execute the certificate, writing the word "pending" in pencifin It m 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examilier's directory and form PM3. Page

TO DEPILTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death If

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

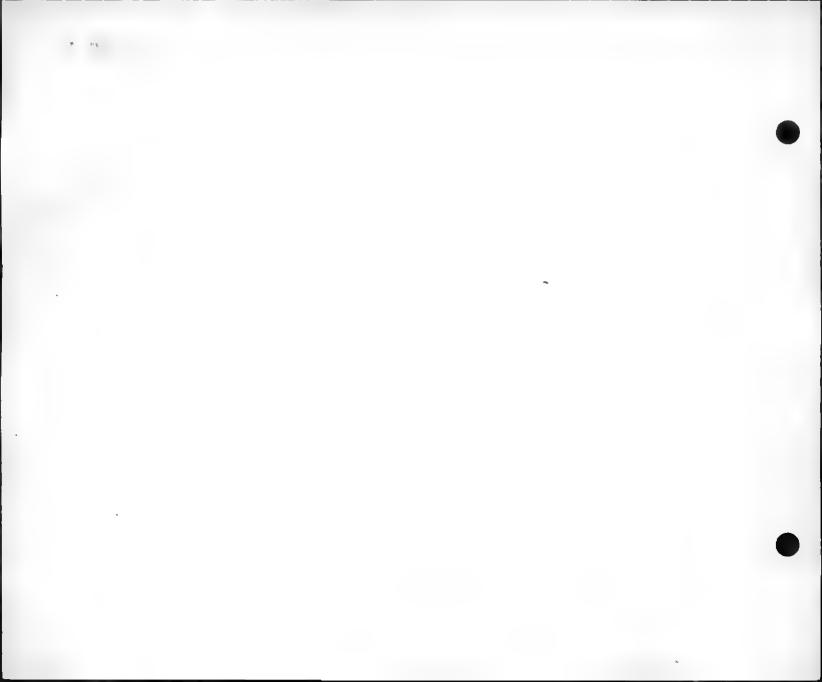
14346

5			12020			
		PLACE OF DEATH COUNTY	nce before odmission)			
		Maryland Maryland	o STATE May b COUNTY	ent. Co.		
		b CITY OR TOWN (f outside conforate limits, write RURAL and give neglect lown)	c CITY OR TOWN (If outside corporate , m is write RJRAL and g v	e neorest town)		
	\vdash	d NAME OF HOSPITAL OR INSTITUTION (If not in hyspital, give street address)	d STREET ADDRESS	, e IS RESIDENCE		
dn		J'u hurban	10201-Grostenor	ON A FARM? YES NO		
		NAME OF DECEASED (Type or print) LHELL WEG MEST L.	OF DEATH Month	Doy Year		
	_		B DATE OF BIRTH 9 AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS		
	4	Emale White WIDOWED DIVORCED []	Vacc. 30, 190 (55 yrs. Months)	Doys Hours Min.		
/		USUA_OCCUPATION (Give kind of work done inguined of working life, even if retired) 10b K ND OF B_SINESS OR INDUSTRY	(0	T ZEN OF WHAT		
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	W.J.H		
		Abraham Johacker	From Illeano	_		
		1 - 1	NFORMANT / Address	150000		
	178	es, no, or unknown) (If yes give wor or dates of service) 230-48-957	Lew To let her	- 157 lue		
		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)		INTERVAL BETWEEN		
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) COFORDITY	Throm bosis Acute	ONSET AND DEATH		
		4201 DUE TO	1 0	110000		
		I rise to immediate collector	eular Disensen	42213		
		stoting the underlying couse				
		PART II. OTHER SIGNIFICANT COND.T.ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISCASE CONDITION CIVES, IN DART 1(A)	19 WAS AUTOPSY		
C	CATION		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED? YES NO X		
	CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.	(Enter nature of njury in Port I or Port II of tem 1B.)			
	MEDICAL			unty) (Stote)		
	ME	Hour om. While Not While of work of work	ary, street, office bldg., etc.)			
		21 I certify that I taak charge of the remains described above, he	ld an Autapsy 🔲 , Inspection 🔀 , Inquiry 🔀 ,	and in my apinion		
		death resulted fram: Natural causes 🔀 , Accident 🔲 , Suici	ide 🔲, Hamicide 🔲, Undetermined manner 🗌]		
		ACTUAL OD Q GRADO	CHIEF MEDICAL EXAMINER	22. DATE SIGNED		
		SIGNATURE John 3.	MD ASS STANT MEDICAL EXAMINER 10/5/	S.C.		
		EXAMINER'S NAME (Type) VOHN. G. BALL	Address (Street, city, town, or county)			
	230	BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR C		(County) (State)		
	(DUCINE 10-7-66 MT. HERRON	CEM. FRUSHING, L.I.	N.Y.		
	1	FUNERAL DIRECTOR ADDRESS	250 RECD BY REG STRAR 25b. REGISTRAR'S S	IGNATURE		
1	بحر	OLD OCCE TUNECAL TOME 4217 9 PM OT	DATE OCT 7 1956 Action	relen Judge		

VR A15ME (5) 6M 1/66

5 may be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit Health or its designated agent, prior to burios, cremotion, or removal,



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

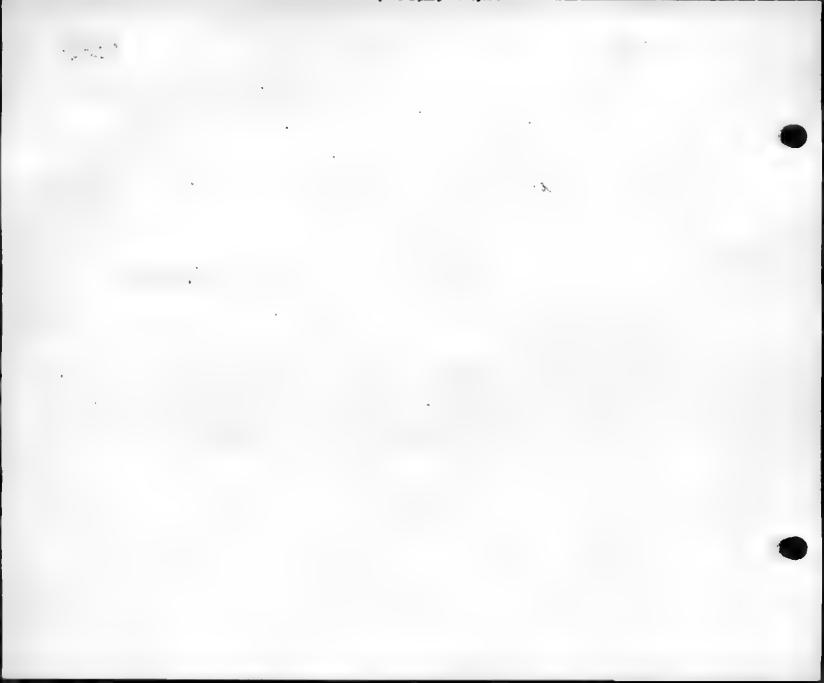
ソ		14347 CERTIFICATE	E OF DEATH	14347					
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Res.	dence before admission)					
	1	a. COUNTY MARYLAND	a. STATE Marylon b. COUNTY 7	Frontamer					
		b CITY OR TOWN (If outside componermits, write RURAL operation reports town)	c CITY OR TOWN (If outside corporate i mits, write RURAL and	give neares (town)					
		write RURAL ond give nearest town)	Dilus Soma	11					
	<u> </u>	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE					
70		Sububon	1123 Queles 2+	VES NO					
		NAME OF First Middle	Lost 4 DATE Month	Day Year					
		DECEASED (Type or print)	erber DEATH Oct.	3/ 1966					
	5	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNI last birthday) Manth	DER 1 YEAR IF UNDER 24 HRS					
	Ŀ	Florale W WIDOWED DIVORCED	5/26/84 82 YIS.						
	10a duri	ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12	CITIZEN OF WHAT COUNTRY?					
		Humany Hingary							
1	13.	FATHER'S MAME	14. MOTHER'S MAIDEN NAME						
	_	Musikaww - Hotawan	mumbun						
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) ((If yes give wor or dotes of service)	INFORMANT Address	/					
	Ĺ		Hasp Madel						
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH					
		PART I. DEATH WAS CAUSED BY. JMMEDIATE CAUSE (a)	<u> </u>	ONSEL AND DEATH					
		4200 DUE TO 0	1						
		Conditions, if any, which gove tise to immediate cause (a),	e fallere	was					
		stoting the underlying couse DUE TO	()	Al Cana					
		lost (c) ASS (V)	V	12cmis					
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	WAS AUTOPSY PERFORMED!					
nt'	CERTIFICATION	brougho aneunit	nia diabello	YES NO					
	TEE	20g ACCIDENT WAS UNDERLYING ☐ 2014 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)						
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,						
	MEDICAL	20r TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA		(Caunty) (State)					
	SW SW	Hour a.m. 9.m. 19 While Not While of work of work	tary, street, affice bldg , etc.)						
	ш	21. I certify that (I) (this haspital) attended the deceased fram_	10/24 1966 to 10/3/	19 /66, that (1) (we) la					
	Ш	saw the deceased alive an 1 10/3/19 66 and the	at death accurred at Q 15 19 M, from causes and a						
	Ш	220. SIGNATURE		DATE TIGNED					
	Ш	My 11 Thapers in	.D. ATTENDING MED. STAFF DIRECTOR PHYS. D	0/3/1/1					
	Ш	22c. PHYSICIAN	22d. ADDRESS						
1		NAME (Lybe) JAYR SHAPIRO	8218. Wiscomanan	e -13eth, Ma					
/	23 a	BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OF	CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)					
		REMOVAL (Specify) 11-2-66 RIVERSIDE	CEMETERY ROCHELLE PA	ARK-N.J					
	24	4. FUNERAL DIRECTOR ADDRESS	2So REC'D BY REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE					
		B Danzansky + Stre - 3501-	14th St. NOV 3 1956 200	carles Judge					

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

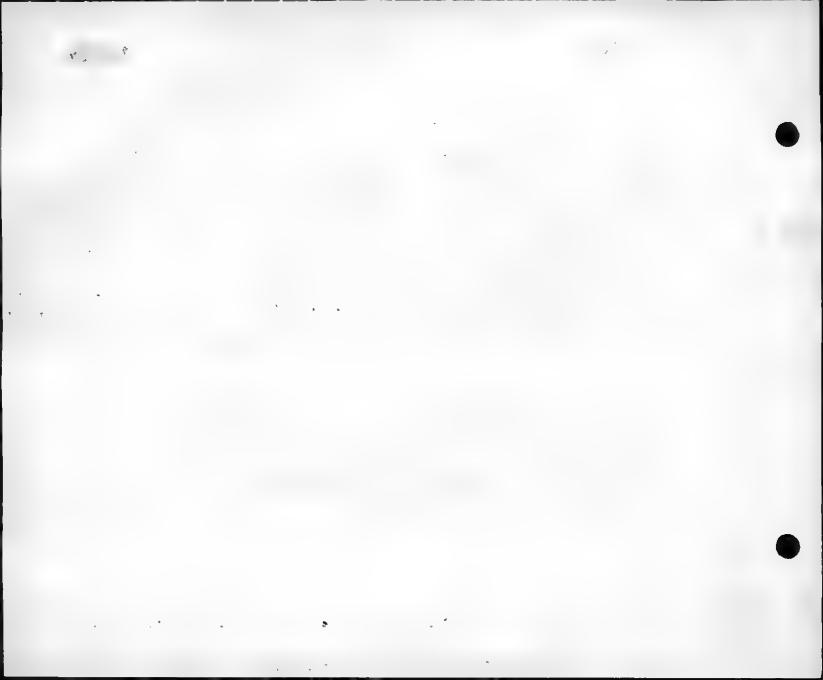
VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then prese remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to Eurial, cremation, or remover, and in any event, within 72 haurs after death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14349 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b COUNTY MARYLAND b. CITY OR TOWN (If autoride carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autilide corparate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION of not in hospital give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES -NAME OF Fischer Middle DECEASED (Type or print) S SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS 6 COLOR OR RACI **NEVER MARRIED** last birthday) Haurs Days WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUA, OCCJPATION (Give kind of work done INDUSTRY COUNTRY,? during most of working ife, even if retired) CUSEWIFE 1) WN Non= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown O'Halloran Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO Addr@037 Manchester Rd (Yes, no or unknown) (If yes give wor or dates of service) Mr. G. Frederick Speckel 220-48-7568 Silver Spring. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DHE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO 20a ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. Not While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from. 19 6 and that death occurred at 11:557M, from causes and an the date stated above saw-the deceased alive on_ SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS NAME (Type) DATE THEREOF BURIAL, CREMATION, (County) REMOVAU(Specify) XXX Kensico Cemeteru york 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 1966

requires that the death continue be executed within 24 hours after death. completely filled in by the funeral love carbon papers. Pages 1 and or removal, and in any event, гетточе physician o ien please attending poermit. The burial, cremation, signed by the burial-transit attending physician. d for use as the of Health prior to has been O FUNERAL DIRECTOR: After this certificate y the hospital or detached plnous be retaine Palle 4 may director, par



Page Department of deloy farm In Item 18. Give Pages 1, State This certificate should be executed within 24 hours after death olong with land2 v permit. word "pending"; the Chief Medical 0 OS necessary, please execute the certificate, shauld be 3 should AL EXAMINER: moy be retained for your FUNERAL DIRECTOR: Page the funeral O DEPUTY

after hours (within 72 pages land2 w in ony event v and or removol, cremation, buriol, t 2 designated agent, priar

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14349 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before odmission) .a-COUNTY Prince Georges MARYLAND D CITY OR TOWN (f outside corporate limits, C LENGTH OF STAY IN 16 auts de corparate limits, write RURAL and give nearest town) write/RURAL and give aethest towar A. Koma Tar e IS RES DENCE ON A FARM? d MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO 3 NAME OF DATE Middle Month Doy DECEASED OF DEATH (Type or print) 5 SEX 6 COLOR OR RACE AGE IF UNDER 1 YEAR F LNDER 24 HRS 7 MARRIED NEVER MARR ED DATE OF BIRTH n years lost Months birthdoy) WIDOWED DIVORCED. Go USUAL OCCUPATION (Give kind of work done Oh KIND OF BUSINESS OR 12 CITIZEN OF WHAT RTHPLACE (State or foreign country) during most of working life, even if retired)/ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO (Yes, no or Jinknown) (If yes give wor or dotes of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Errier only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) Acute bilateral bronchopneumonia DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS Pulmonary emphysema, marked 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I of Item 1B) 20o EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20c I.ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) of work of work 2) I certify that I taak charge of the remains described above, held an Autapsy inspection X. and in my apinian death resulted from Natural causes 🕱 Suicide | Hamicide Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE **EXAMINER'S** NAME (Type) 23c NAME OF CHMETERY OR CREMATORY 23d LOCATION (City or Town) 230. BUR AL, CREMATION, 23b DATE THEREOF (County) REMOVAL (Spegfy) Burial Creek Cometery REG STRAR'S SIGNATURE 250 REC D BY REGISTRAR 2Sb 2nc DATE

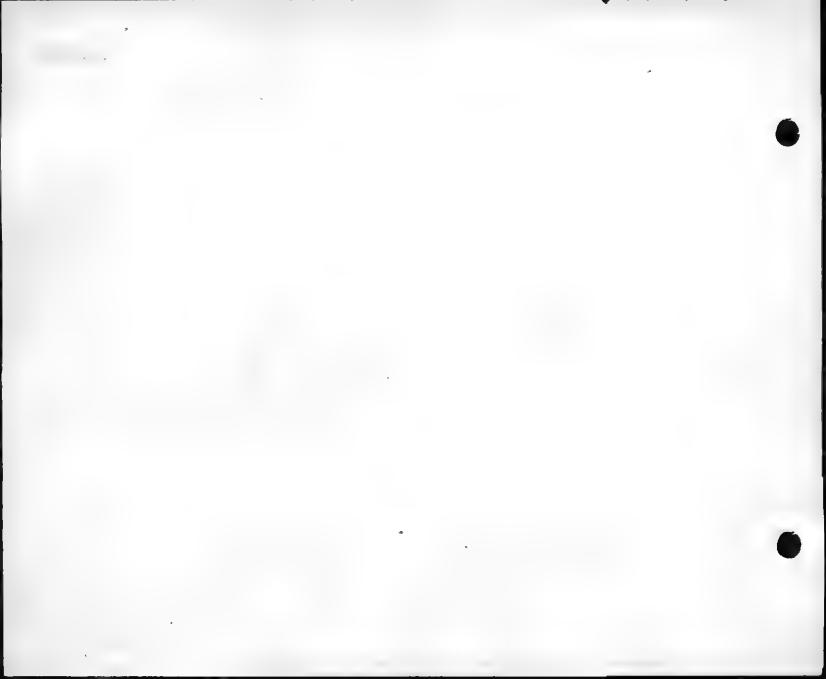
VR A15ME (5) 6M 1766



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14350		CERTIFICATE	OF DEATH		14350
1	PLACE OF DEATH O COUNTY			2 USUAL RESIDENCE (N	Where deceased lived, if institu	tion Residence before admission)
-	b CITY OR TOWN (If outside co	orporote limits.	MARYLAND c. LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	4 HNC riside corporate limits, write RU	RAL and give nearest fown)
	write RURAL and give neare	ESCIA	35 days.	DICI	KER.SON	1
	d NAME OF HOSPITAL OR INSTI	TUTION (If not in hospital, give	e street oddress)	d. STREET ADDRESS	£ /	e. IS RESIDENCE ON A FARM?
3	NAME OF	First	Middle	lost .	4 DATE Mon	th. Doy Year
	DECEASED (Type or print)	GEORGE	R	Flood	OF DEATH OCT	to BER 25 1966
S	SEX 6 COLOR	OR RÁCE 7 MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years lost birthdoy) 5 yrs	Months Doys Hours Min
	Oo. USUAL OCCUPATION (Give kind uring most of working life, even if i		OF BUSINESS OR ISTRY S DELICA	+ 5011	& Stote, or foreign country)	12, CIT ZEN OF WHAT COUNTRY 2
1	3. FATHER'S NAME	1		14. MOTHER'S MAIDEN	- A	
Ļ	S WAS DECEASED EVER IN U.S. ARI	DOO	CIAL SECURITY NO 17	HNNA INFORMANT	V. Flood	ess 1619 Edgeley, St
	(Yes, no, or unknown) (If yes give	wor or dotes of service) 191	7-09-70039 M	ARY Louise	Kelly Flood	PHIL, PA
	PART DEATH WAS CAL	only one couse per line to (o LSED BY: EDIATE CAUSE (o)), (b), ond (c))		- 1	INTERVÄL BETWEEN. ONSET AND DEATH
	as infe	DUE TO	4.0	14.1		0
	Conditions, if ony, which gov rise to immediate cause (o)), (DUE TO	suc rou	al Faile	he.	Lylers
	stating the underlying caus	e (c) Ne	bleroscher	nis		5 years
180	PART II OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING D	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART III)	WAS AUTOPSY PERFORMED?
CEDTIENCATION	200 ACCENT WAS INDER, YIM	VG CO DESCRIPTION OF DESCRIPTION OF THE PROPERTY OF THE PROPER	RIBE HOW INJURY OCCURRED	Tenter noture of injury in	Pg/ I of Pg// II of item 18)	Blacking NO
TCCDT.	200 ACCENT WAS UNDER YIM OR OMRIBUTING CAUSE OF (IPEITHER, NOTIFY MEDICAL EX.	F DEATH AMINER)	NET HOLY ABOUT DECOMINE	true needs or milary at		
MEDICAL	20c TIME OF INJURY Month, Hour a.m. p.m.	, Doy, Year 20d INJU While at work [CE OF INJURY (Home, form lory, street, office bldg , etc.)		(County) (Stote)
ı		l) (this haspital) attende		10/1/	966 to 10/2:	and on the date stated abave.
ı	saw the deceased s	nive div.		ATTENDING	MED STAFF	226 DATE SIGNED
	22c PHYSICIAN'S	it Ma	con M.	D PHYS 22d, ADDRESS	DIRECTOR PHYS	10/25/66
	NAME (Type)			809 Va	ro Mill Ko	Rockville
2	30_BURIAL_CREMATION, 2 REMOVAL (Specify)	23b. DATE THEREOF	234 NAME OF CEMERRY OR	CREMATORY	Philade	If the the
1	24 FUNERAL DIRECTOR CO	Jac June	ADBRES	250 REC	BY REGISTRAS 66 25b	EGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after earth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.



tems 18&21 Film 383 12-1 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution Residence before admission o. STATE Maryland COUNTY **B** COUNTY 2, and Page Montgomery Department of death MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY N 1b c CITY OR TOWN (If outside carparate mits, write RURAL and a ve nearest town) Bethesda (Rural) after Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? hours 1615 Bradley Ave. DOA Naval Hospital. Bethesda, Md. 24 haurs after death along with 3 NAME OF M.ddle 4 DATE Last Manth DECEASED OF FORD October 9 T. N withm (Type or print) DEATH S SEX 8 DATE OF BIRTH 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED X NEVER MARRIED lost birthday) Haurs March 10, 1916 Male Cauc WIDOWED D YOR CED Da USJA, OCCUPATION (Give kind of work done IDb KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CT ZEN DE WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA U.S. Coast Guard Mississippi This certificate shauld be executed within 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 17 INFORMANT P.O. Box 635. Rocketsille, Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO ward "pending" the Chief Medical (Yes, na, ar unknown) (If yes give war ar, dates of service) removal, Mrs. Elizabeth S. Ford, 1615 Bradley Ave. 426 01 7043 W.W. #2 Yes 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (0) Massive myocardial infarction Б e, writing the ward farwarded to the CF burial, cremation, DUE TO Canditians, if any, which gave rise to immediate cause (a), **D**UE TO stating the underlying couse last. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? YES 3 0 shauld be 2Da EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) prior 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c TIME OF INJURY Manth, Day, Year 2Dd NJURY OCCURRED 2De PLACE OF INJURY (Home form (E ty ar town) (County) (State) Hour a.m. While factory, street, affice bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at wark L at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my apinian the funeral director. Natural causes K death resulted from Accident Suicide | Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE þ **EXAMINER'S** 5 may 170 FUNER Health of NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF **BURIAL, CREMATION** 23d LOCATION (City or Town) REMOVAL (Specify)
Burial

Arlington National

Arlington, Virginia

25a REC D BY REGISTRAR

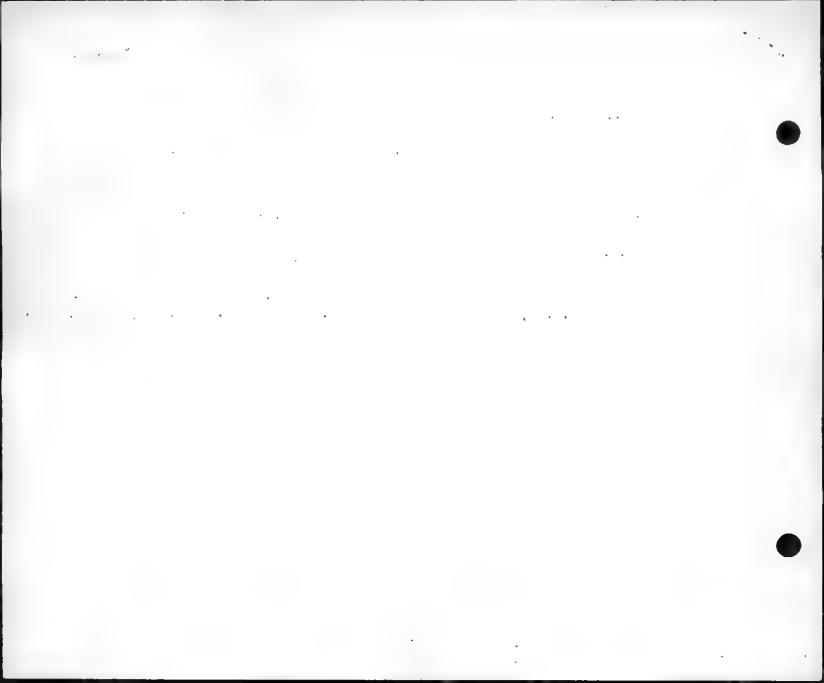
DATE

10-13-66

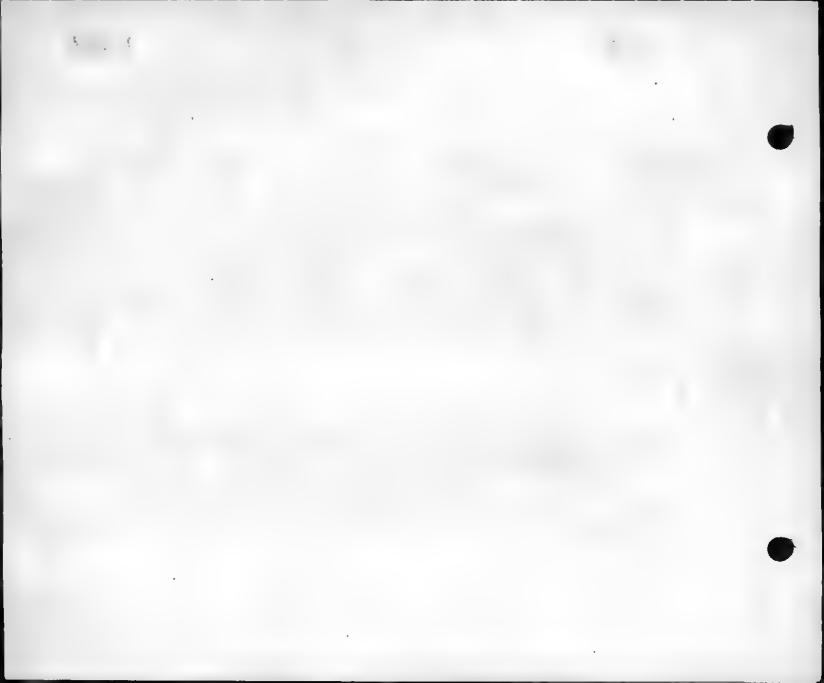
24 FUNERA, DIRECTOR Robert A. Pumphrey Fameral Home

7557 Wisconsin Ave., Bethesda, Maryland

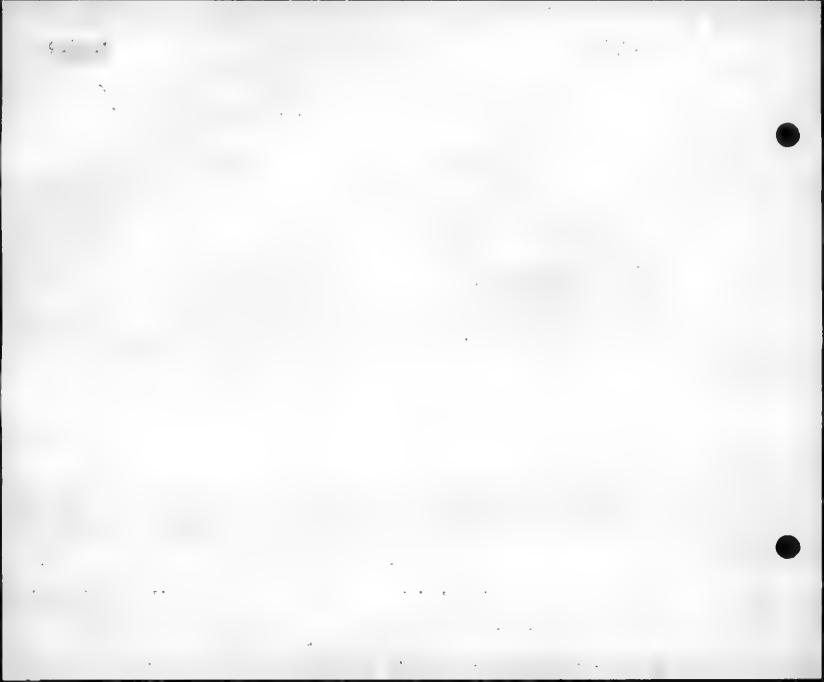
VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death and 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. CDUNTY a. STATE by the finance 1 by after urs after MARYLAND b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, by write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours SILVER 8505 SPRINGUA 2 when .⊑ IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 1000 DALEVIEW NO. YES OK completely NAME OF DATE Month Year Middle Last 4. MELISSA DECEASED FRANCIS October 25 1966 DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. . SEX DATE OF BIRTH 6. COLOR OR RACE this certificate has been signed by the attenting physician and condetached for use as the burial-transit perfect. Then please remove e Dept. of Health prior to burial, cremation or removal, and in any eventions. 7. MARRIED NEVER MARRIED WIDOWED X 85 DIVDRCED 1881 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **COUNTRY?** FATHER'S NAME cartificate MOTHER'S MAIDEN NAME LLIAm 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMAN 17. d ath (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE DF CEATH (Enter only one cause per line for (a), (b), and (c). law requires linet the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO X 20a. ACCIDENT WAS UNDERLYING () OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 2Dd, INJURY OCCURRED 12De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) the 2Dc. TIME DF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this director, page 3 should be detall should be filed with the State D factory, street, office bldg., etc.) Hour a.m. Not While While at work p.m. at work retained 65 19. 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2 M, from the causes and on the date stated above. saw the deceased alive.on. DATE SIGNED 22a. SIGNATURE ATTENDING T MED. DIRECTOR M.D. PHYS. 4 may 226 PHYSICIAN'S 22d. ADDRESS NAME (Type) should Page ! (State) 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCAT (City. 23b. REMOVAL (\$pecify) 100 ILRIA REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REGISTRAN 25b. VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14353 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campletely filled in by the funeral save carban papers. Pages 1 and I PLACE OF DEATH o STATE o COUNTY MONTGOMERY MONTGOMERY MARYLAND CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Silver Spring SILVER SPRING, MD. 6 days
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? HOLY CROSS Hospital 8209 Schrider Street NO R 4. DATE 3 NAME OF Middle DECEASED SIGRIA Type or print DEATH IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months DIVORCED WIDOWED and 12 CIT ZEN OF WHAT TDo USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Sweden during most of working life, even if retired) _JNDUSTRY, the attending physician sit permit. Then please Ronneley, 8x Sweden Dwn Home Housewite 14 MOTHER'S MAIDEN NAME 13) FATHER'S NAM signed by the attending physical burial-transit permit. Then ple burial, crematian, or remayal, Mathilda Johanna Jahan Adolf Kanbasa WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 209 Schrider Street (Yes, na, or unknown) (If yes give wor or dates of service None ver Spring. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), far use as the l f Health priar ta b stoting the underlying couse has been last. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERT FICATION this certificate 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 2Dc. TIME OF INJURY Month, Dov. Year foctory, street, office bldg, etc.) Hour am Not While of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shauld slauld be filed with the and that death accurred at 12.45 My rom causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22n. SIGNATURE STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 9006 Colesville Rd., Silver Spring, Md William D. Aud, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) REMOVAL (Specify) 1966 Fort Lincoln Cemetery BURROL



MARYLAND STATE DEFERTMENT OF HEALTH
L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

	14354	PIVISION OF STATIS	IICAL REJEA	CERTIFICAT	OF DEATH	EI, DALIMOR	E, MARTEANE	14954	
	LACE OF DEATH	ontgomery		ALADU ALID	2. USUAL RESIDENCE (I	Where deceosed live	ed, if institution: R	esidence before odi tgomery	nission)
ŧ	o, CITY OR TOWN (If autside carparate limit d give nearest tawn) 3 a ton	S _a	MARYLAND c. LENGTH OF STAY IN 16 7/5/66	c. CITY OR TOWN (If as	itside corparate lim	ıts, write RURAL ar	nd give neorest tov	
Ľ	NAME OF HOSPIT	ALOR INSTITUTION (IF no Lty Nursin	nt in haspital, g	ive street oddress)	d. STREET ADDRESS	ington, culg A	Waryla	e IS	RESIDENCE A FARM? NOX
3 NAME OF First DECEASED (Type or print) Clara				Middle	lost ialler	4 DATE / OF DEATH	Manth Dct.	Day 1	Year 196 G
5 5		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 3/15/81	9. AGE			NDER 24 HRS
	ng most of working	(Give kind of work dane life, even if retired) LSEWITE		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	& State, or fareign o	ountry)	12 CIT-ZEN OF WH COUNTRY? USA	AT
13.	FATHER'S NAME	North			14. MOTHER'S MAIDEN				
Leon Worth Is WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 578-09-2425							y Ct. K	.ens.N	
	18 CAUSE OF DI PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gave)	(a) // 10	(Inferotic H	ext Dis)w		BETWEEN ND DEATH	
	to in mediate cause (o), stating the underlying cause (b) DUE TO (c)								
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN P	PART 1(o)		AJTOPSY ORMED? NO
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Port II of	item 1B.)		
MEDIC	20c TIME OF INJI Haur a.r p.r	10	20d. IN While at wark	Not While fac	ICE OF INJURY (Home, form tary, street, office bldg., etc.)		or town)	(County)	(State)
	21. I certify that (1) (this haspital) attended the deceased fram Average 1966, and that death accurred at 1966, the following the date stated above								
	22c. PHYSICIAN'S	Leone	though	N1	D. ATTENDING PHYS 22d ADDRESS	MED DIRECTOR	STAFF PHYS.	22b. DATE SIGNED	
230	NAME (Type BURIAL, CREMATIC	v GC		1 23c NAME OF CEMETERY OR	DEMATORY	CONNEC 1	Y (City or Town)	Ve Itens (County)	INS fore
	REMOVAL (Specify	10/3		D.C. Lodge	Cemetery	Was	hingtor	n. D.C.	(סיטיכ) ל
24	FUNERAL DIRECTO	R	10	ADDRESS		BY REGISTRAR	25b. REGISTR	AR'S SIGNATURE	

TO NOTPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 14 hours ofter death... Page 4 may be retained by the hospital or attending physicion.

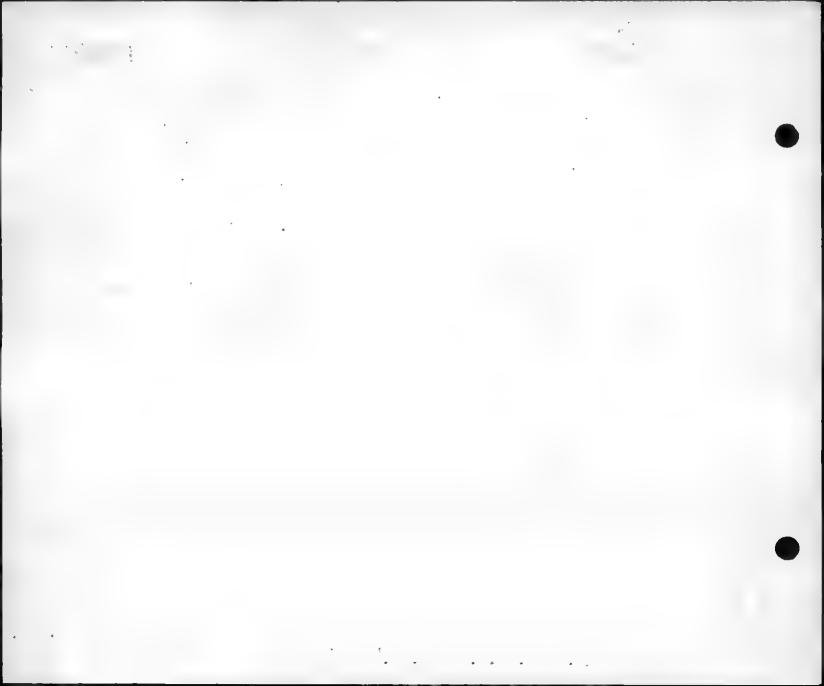
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please semove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and show event, within 72 hours after deptit

rectiff W (I).

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

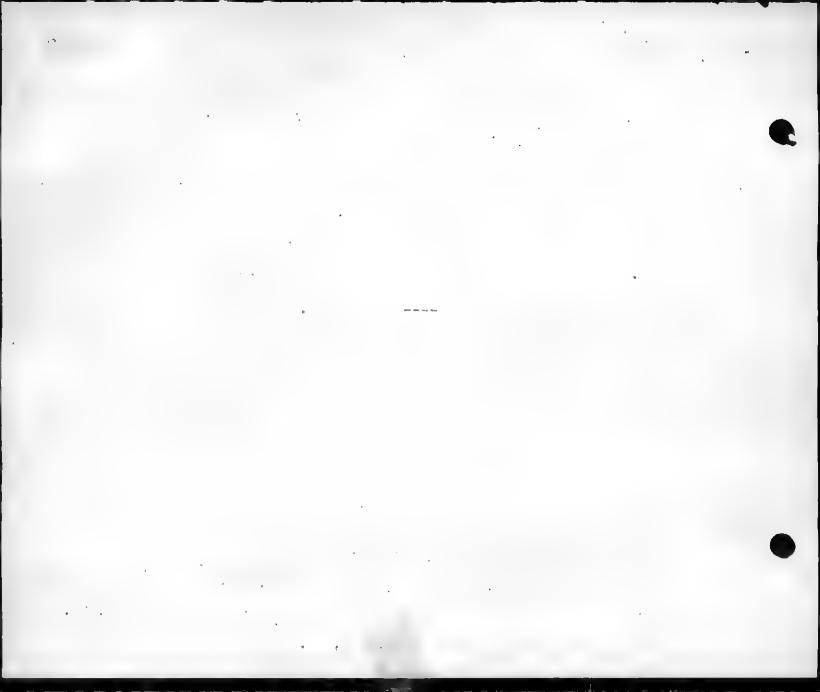
1)		14355	CERTIFICATE		143	355
		COUNTY MONTGO	MERY MARYLAND	2 USUAL RESIDENCE (Where de	eceased lived, if institution Residen b. COUNTY	ce before admission)
	b.	CITY OR TOWN (If autoide) corporate milk, write RURAL and give marest town.	c. LENGTHY OF STAY IN 16	111 11.	rparate limits, write RURAL and give	e nearest tawn)
,	ď	NAME OF HOSPITAL OR INSTITUTION (finat in ho	spital, give street address)	d STREET ADDRESS 67	49. AUE N.L	e 15 RESIDENCE ON A FARM? YES NO NO
	DI	AME OF ECEASED (tyst)	ch PMiddle Shi	eland of DE		Doy Year
	S. SE		ARRIED NEVER MARRIED OWNED DIVORCED	. DATE OF BIRTH LVICIO, 1897	9 AGE (In years IF JNDER last birthday) Manths	Days Hours Min.
	during	g/host of working life, even if retyred)	10b. KIND OF BUSINESS OR INDUSTRY	11_PIRTHPLACE (County & Stote.		TIZEN OF WHAT UNTRY? T.S. Q.
	13 %	Sathers Name	Takham	14 MOTHER'S MAIDEN NAME	Hood	- 0 1
		(If yes give war a dates of service	e) 16 SOCIAL SECURITY NO	FORMANT J MOUPER	neice _ He	114 Convoca
		IB. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	line for (a), (b), and (c))	cular hemo	mhage Schere	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave) (b)	Rupture of	cerebratu	esse/	14 hours
	1	rise to immediate cause (a), stating the underlying cause last.	Arteriosc/e	Prosis	•	
*	ATFON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I a	Part It of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		E OF INJURY (Hame, farm, ry, street, affice bldg , etc.)	Of. (City or town) (Cau	unty) (State)
		21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased fram	death accurred at	Sta 10: 14: 19: M, fram causes and on the	that (1) (346) last
	-	220. SIGNATURE Siewar ala	AS MER. M.O	ATTENDING MED.	STAFF C	ATE SIGNED
	_	22c PHYSICIAN'S STEWART	ClappMI	22d. ADDRESS 4740Che	by Chase Dr	Checy Md
		BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR C		I. LOCATION (City or Town)	(Caunty) (State)
É.	_Bı	urial 10-17-19	der a way Tr	In Cemetery	Prince George GISTRAR 9	May wage
1/1	5	130 Wisc. Ave. N.	Wash DC.	DATE UUI	2 1200	00

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bitys on and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then execse remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after depth. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH 4350 MEDICAL EVALUATION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP HEALTH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE. MARYLAND lay cessary, 3 to the funeral Page 5 may be 10ntgomer Department after death. b. CITY OR TOWN (if outside torporate limits write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) d. NAME OF HOSPITAL OR INSPITUTION (in nospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours NO F 2, and PM3. NAME OF Middle Last 4. DATE Month Day Year the 72 DECEASED OF (Type or print) DEATH 19 6 70 uer 2 with within 5. SEX Give Pages 1, 6. COLOR OR RACE OATE OF BIRTH NEVER MARRIED 8. AGE (In years | IF UNDER 1 YEAR) FUNDER 24 HRS last birthday) Months EXAMINER: This certificate should be executed within 24 hours after death. certificate, writing the word "pending" in pencil in Item 18. Give Pages hould be forwarded to the Chief Medical Examiner's Office along with for Davs Hours Oct. 16 c\ WIDOWED DIVORCED [T 66 event 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? p==0 pages in_ally 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucy Robinson File 15. WAS DECEASED EVER IN U.S. ARMED FORCES 3 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, (Father) Max A. Geyer same item #2 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit | cremation, or | Congenital heart disease with complete IMMEDIATE CAUSE (a) cremation, **OUE TO** Conditions, if any, which interruption of Aortic arch, and descending (b) gave rise to immediate DUE TO cause (a), stating the 10 aorta arising from ductus arteriosus used as a underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES NO o be 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIFI OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 3 should lagent, price CAL 20c. TIME OF INJURY Month, Day, Year I 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEDI While, Not While cror. Page designated at work p.m. at work please execute the cert director. Page 4 should retained for your files. 21. I certify that Hook charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion FUNERAL DIRECTOR: death resulted from Homicide Undetermined manner Natural causes X Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MED SIGNATURE Oď. DEPUTY MEDICAL EXAMINER Health EXAMINER'S 4 Address (Street, city, town, or county) NAME (Type) name of Cemetery of Crematory ate of Heaven Cemetery 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. 23d. Silver Spring, d. (State) Gate BUTTUPLY (Specify) 10/21/66 Ö, 0 ADDRESS 1 Rockville 25aike D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Rockville. Tyson Wheeler Funeral Home VR ALSME (5) 1996

Items 18%21 Film 385



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4357 CERTIFICATE OF DEATH funeral and 2 r death. hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE ve carbon papers. Pages 1 event, within 72 hours after by the 1 MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and completely filled in e. IS RESIDENCE INSTITUTION (if not/in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO executed within DATE Month NAME OF Day First Last 4. DECEASED 0 DEATH 19 (Type or print) 6. COLOR DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR FUNDER 24 HRS 5. SEX OR RACE 8. remove NEVER MARRIED 7. MARRIED last birthday) Months Days Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHA 10b. KIND OF BUSINESS OR INDUSTRY physicial in please val, and in S 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. ma Gen removal. FATHER'S NAME MOTHER'S MAIDEN NAME the attending Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT 16. TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or a (Yes, no, or unknwn) | (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) rise to immediate DUE TD (a). stating underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES [2Da. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOLLARS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 6 or Part II of Item 18.) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc. Hour a.m. While Not While at work 19 at work p.m. 2-0 21, I certify that (I) (this hospital) attended the deceased from 1966 that (i) (we) last 1966, and that death occurred at 2 12M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED SIGNATURE 220./ page ATTENDING STAFF M.D. DIRECTOR PHYSTOIAN 22d. **ADDRESS** 22c. NAME (Type) NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, DATE THEREOF 23c. 23d LOCATION (City, town or county) (State) 23b. REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR 1966 VR A15 (4)

15M 4-64



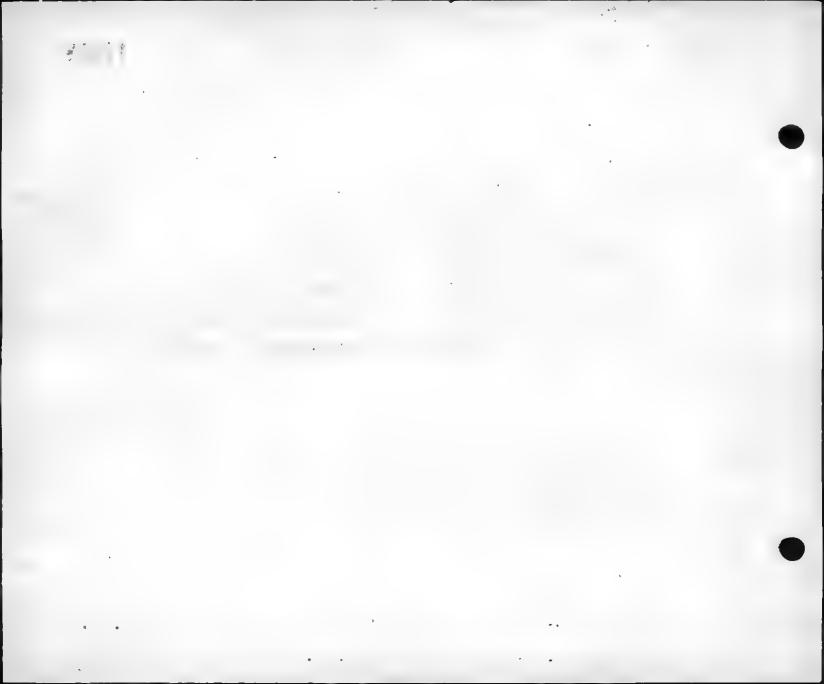
MARYLAND STATE DEPARTMENT OF HEALTH

1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
겓		14358		CERTIFICATE	OF DEATH	1	4358
	(PLACE OF DEATH a COUNTY b. CITY OR TOWN (if autside with RuRAL (and give ne	carparate limits, arest town)	MARYLAND C LENGTH OF STAY IN 15 Clause	n. STATE naryla cary OR TOWN (If ours	de corporate limits, write RURAL and	Comery
À		d. NAME OF HOSPITAL OR IN	STITUTION (If not in haspital, g		109 Bea	elle Cine	e IS RESIDENCE ON A FARM? YES NO
	S :	DECEASED (Type or print) SEX 6. COU	DR OR RACE 7 MARRIED WIDOWED	Harnet 2 NEVER MARRIED DIVORCED	Inldston B. DATE OF BIRTH 8/1/99	9. AGE (In years le UND years lagt birthday) yrs	FI YEAR IF UNDER 24 HRS. Bays Hours Min
	duri	USUAL OCCUPATION (Give king most of working life, even Housewife FATHER'S NAME		ND OF BUSINESS OR SUSTRY	11 BIRTHPLACE (County & 1	e mereland	CITIZEN OF WHAT COUNTRY?
	1S (Ye	WAS DECEASED EVER IN U.S. is, no, or unknown) (If yes gi	ve war or dates af service)		NFORMANT Sernice	Fresamen	adore INTERVAL BETWEEN
,		PART I. DEATH WAS	IMEDIATE CAUSE (o) ATTO	eriosclerotic	cardiovascul	ar disease	ONSET AND DEATH
	CATION		T conditions contributing to Fatty metapo	o DEATH BUT NOT RELATED TO rphysis Liver,			19 WAS ALTOPSY PERFORMED? YES X NO
	al certification	20a ACCIDENT WAS UNDERE OR CONTRIBUTING ☐ CAUS (IF EITHER, NOTIFY MEDICAL	OF DEATH EXAMINER)	CRIBE HOW INJURY OCCURRED.			
	MEDICAL	20c. TIME OF INJURY Mor Haur o.m. p.m.	19 While at wark	Not While fact	CE OF INJURY (Home, form, ary, street, office bldg., etc.)		County) (State)
		saw the deceased	(I) (this haspital) attended alive an	19 65 and tha	ATTENDING - A	M, from causes and on	9_65, that (I) (we) last the date stated above. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	Ment 13	M.	22d. ADDRESS	IRECTOR L.J PHYS. L.J	10/01/66
		BURIAL, CREMATION, PEMOVAL (Specify) BUTIAL	23b. DATE THEREOF 11/2/66	23c NAME OF CEMETERY OR Agudas B'na:	l Jacob	23d location (City or Town) Rosedale Balto	
	_	ACK LEWIS . I	NC. 2100 Eut	ADDRESS aw Place Balto	I NA	V 3 1956 PEGISTRAR	s signature

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bease and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death continuate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



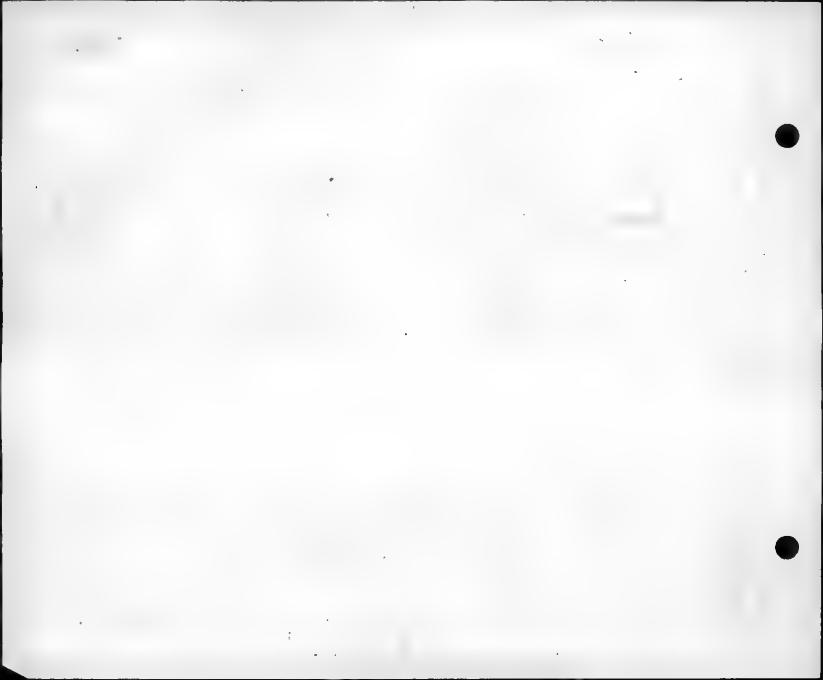
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14359

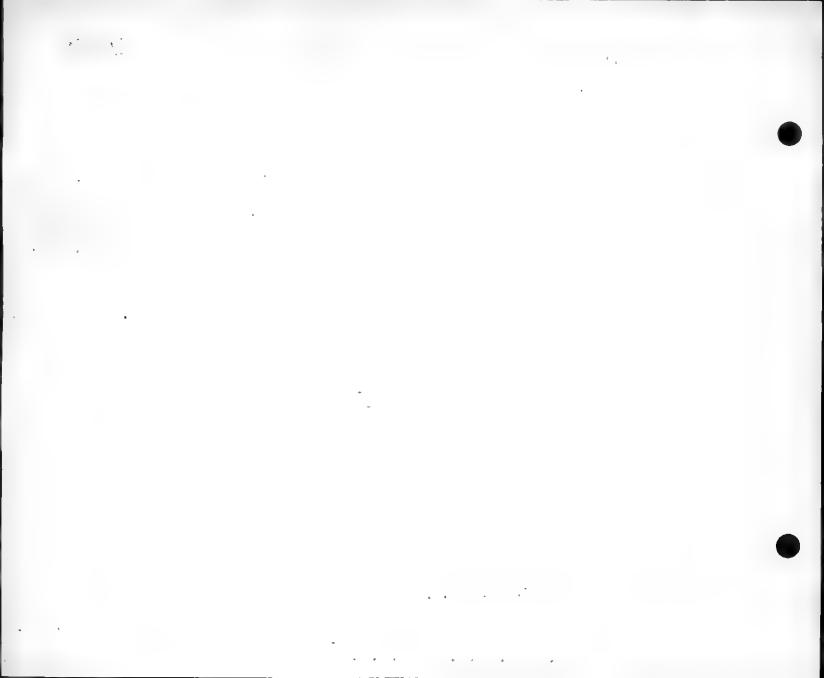
CERTIFICATE OF DEATH

14359

E _ VE /	-		
funeral and death	1.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before the control of th	re odmission)
		o. COUNTY MONT O. STATE Maryland b. COUNTY MONT	
within 24 hours after tely filled in by the fur rban papers. Pages 1; within 72 houseful	_		Gomery
± ± ± ₹ C		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares tawn) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give neares tawn)	si townj
hours after an by the far. Pages hours		Silver Spring	
ho in the irs.		d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS	e IS RESIDENCE
d i	-		ON A FARM?
within 24 ho ely filled in ban papers. within 72 ho	3	Holy (Ross Xlospixal 108 Williamsburg	YES NO D
岩 てき	3	3 NAME OF First Middle Lost 4 DATE Month Doy	Year
≥ fage ×		Type or print) OF REED DEATH 10 4	1966
ecuted with campletely ave carbar y event, wi	5		IF UNDER 24 HRS
e ke ill		lost birthgoy) Months Doys	Hours Man
executed withing campletely fremave carbon any event, with	17	Female whixe WIDOWED DIVORCED 10/4/66 1051 DITTORY MODITIES DOYS	2 5
and rem	10	100 USDAL OCCLPATION (G-ve kind of work done 100 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN O	
d se	dυ	during most of working sto, many testend) INDECTOR 1 OF 1	
ate b ician fease and i			56
E SE	13	13. FATHER'S MAME	
E 25.6		Charles S. DREEN Pauline Dauphinais	
that the death certificate be executed an. by the attending physician and cample ransit permit. Then piecse remave call remation, ar remover, and in any event	35	35 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	
attendi permit. Ion, ar r	()	(Yes, no, or unknown) (If yes give wor or dates of service)	
de de n'	L	- ather	
t o d		to those or partition of any and are to take the time time time the time time time time time time time tim	ERVAL BETWEEN
# # SE		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ON ON ON ON ON ON ON ON ON O	ISET AND DEATH
s that t cian. d by the transit,		7/ 7 5 DUE TO	
sici sici ol di		Continue it and which many	
physi physi signe buria		rise to immediate couse (a)	
req o b o b		storing the underlying couse DUE TO	
		lost. (c) trum detelline	
e law rtendii as bee as th priar		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	WAS AUTOPSY
The att	8	No. 1 of the South State of the	PERFORMED?
a e a sign	CERTIFICATION	3	ES NO
F of a series	- 1 ⊆	205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 or Port 11 of item 18.)	
SICI spirt spirt seed seed seed seed seed seed seed see	8	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Pt che Bar	B	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County)	(Stote)
this be De	MED.		India
5 = 1 5 5 5	×	p.m. 19 of work U of work U	
물호 품호 꽃		21. Legrify that (1) (this haspital) attended the deceased fram 10 - 4, 1966, ta 10 - 4, 1966, t	hat (1) (we) last
Ped Sed		saw the accessed alive an 10 - 7 19 66 and that death accurred at 4 20 M, from causes and an the da	te stated above.
T = 0 5 5		220 SIGNATURE 22b. DATE SIGN	
With State		ATTENDING IN MED IN STAFF IN 101	1/1
L OR be DIR ge 3			1/66
ral o		120 MANS Tames S. Stanton 22d. ADDRESS WEdmons ton Dr Ro	(11
RAI FRAI Fe P	/	(NAME (Type) James S. Stanton 50 W. Edmonston Dr Ko	ekville 4
Page 4 r Funer director,	22	230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	r) (Stote)
Page O FUIN direct shaul	1	Buria 10/8/66 Gate of Heaven Silver Spring, Md.	, , ,
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	_		
VR A15 (4)		24 FUNERAL DIRECTOR LABORIES ROCKVILLE PIRECED BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-
20 M 1/66	2	Tyson Wheeler Funeral Home Rockville, Md. DATE OCT 11 1966 Forler	Judge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a STATE **b** COUNTY Montgomery
b CITY OR TOWN (If outside corporate lim.ts, write RURAL and give nearest town) MARYLAND Maryland Montgomery Department c CITY OR TOWN (If outs de carporote limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 guq PM3 after Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) *kknerx***** Chevy Chase d STREET ADDRESS IS RESIDENCE ON A FARM? with the State Dep within 72 haurs o alang with farm Holy Cross Hospital TO NO 8. Give Pages 7203 Rollingwood Drive YES haurs ofter death 4 DATE 3. NAME OF Middle DECEASED OF EVERETT RMPLE GREENSTREET (Type or print) DEATH AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthday) Months Days Dec. 13. 1901 WIDOWED DIVORCED Office Male White penal in Item 1 cv pages land 106 KIND OF BUSINESS OR 12 CT ZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or fareign country) COUNTRY? during most of working ife, even if retired) INDUSTRY Masonary Contractor Contracting Washington, D.
4 MOTHER'S MAIDEN NAME 'pending' in pencit in ef Medical Examiners be executed within Buelah Allen Temple Bird Greenstreet 프 pup 7203 Rollingwood IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes na, or unknown) (If yes give wor or dates of service) or remayal. 577-07-6216 Everett T. Greenstreet, Jr. Rd., Ch. Ch., Md. No NTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate shauld burial, crematian, Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Б the certificate, writing t 4 should be farwarded last Š WAS AUTOPS PERFORMED?
YES NO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCOSE CONDITION GIVEN IN PART 1(o) CERTIF CAT ON pe 0 200 EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port or Port I of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MED-CAL 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) (County) (Stote) 20c TIME OF INIJRY Month, Day, Year factory, street, affice bldg , etc) Haur o.m. Not While While may be retained for your FUNERAL DIRECTOR: Page of work Page at work 21. I certify that I took charge of the remains described above, held an Autapsy 🔀 and in my opinian Inspect.an the funeral director. Natural causes 💢. Accident Suicide Undefermined manner death resulted fram: Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO 6 **EXAMINER'S** 5 may b TO FUNER Health (John G. Ball, M.D Address (Street, city, town, ar caunty) NAME (Type) 23a BUR AL CREMATION. 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) Burial Fort Lincoln Cemetery Pri 25b REGISTRARY SIGNATUR 10-20-1966 Prince 24 FUNERAL DIRECTOR Joseph Gawler's Dons, Milarley VR A15ME (5) 1966 Wisc. Ave. N.W. Wash.D.C. 6M 1/66



FOR STATE HEALTH DEPT.

TO DIFFUTY MISTALL ELAWITHER: This certificate should be executed within 24 hours after death 11 indeay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bunal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to bunat, cremation, or removal, and in any event within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

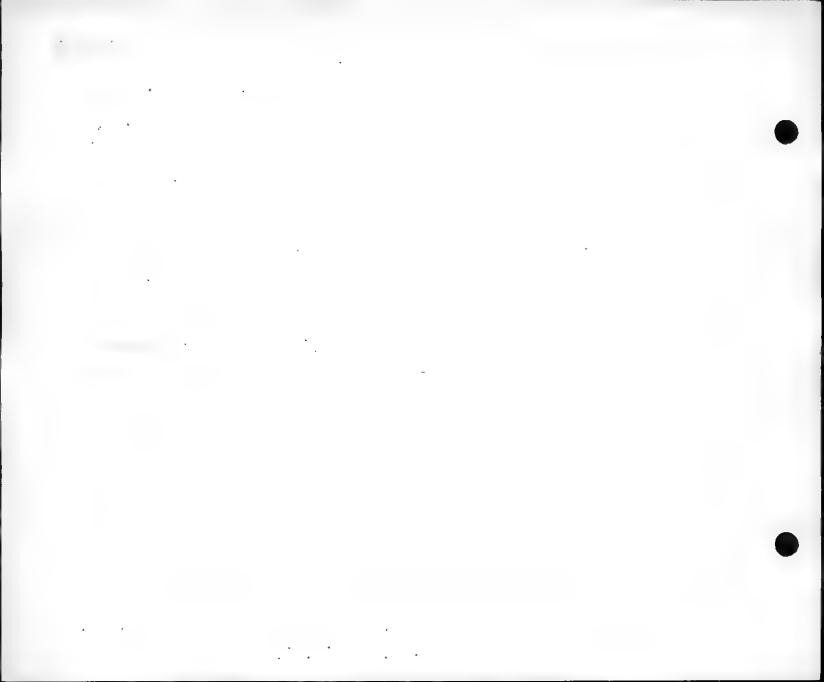
14361

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14261

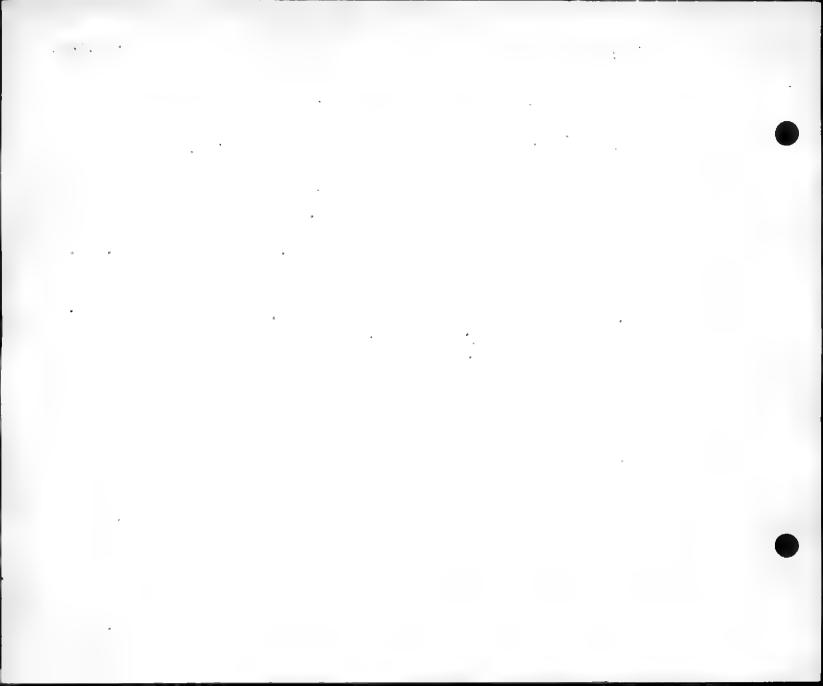
and the true	1.4001				
PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admiss op)				
Montgomery Maryland	MAKNIAND - PRINCE GEORGE				
b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY N Ib	c CITY OR TOWN (if outside corporate limits, write RURAL and give neared town)				
write RURAL and give nearest town)	A.Com al. In				
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS 8 IS RESIDENCE				
thank of rost that ok institute of the hospital, give show about 255	U. J. J. ON A FARM?				
Washington SaniTarium 4, Hespital	480/ Russell Avenue YES NO				
NAME OF First Middle	Lost 4. DATE Month Doy Year				
(Type or print) Preston Hibert	(Tuy DEATH CL'CTOPER 1/ 1966				
SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 3	8. DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost_birthdoy) Months Doys Hours Min.				
male white WIDOWED DIVORCED	Tuly 19 1998 lost birthdoy) Months Doys Hours Min.				
o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. EIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT				
ring most of working life, even if retired) NDUSTRY Registry in P.O.	Work D.C. COUNTRY?				
FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
George Guy					
S WAS DECEASED EVEN N. U. S. ARMED FORCES 16. SOCIAL SECURITY NO 17. II	MFORMANT Address				
Yes, no, or unknown). (If yes give war or dates of service)					
20 - WI	fe-MRS. IKene - Same.				
18. CAUSE OF DEATH (Enter only one couse per late for (a), (b), app (c) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate cause (a), stating the underlying couse lost. (c)	Tery Heart Disease				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS A_TOPSY PERFORMED? YES NO				
PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE While Not While of work of work	CE OF INJURY (Home, form, ory, street, office bldg , etc.) 20f. (City or town) (County) (State)				
21. I certify that Ptaak charge of the remains described above, held an Autapsy 🔲, Inspection 💢, Inquiry 💢, and in my apinion					
	ide , Hamicide Undefermined manner				
1/100 7/17	CHIEF MEDICAL EXAMINER				
ACTUAL SIGNATURE SIGNATURE	22. DATE SIGNE				
	M.D. ASSISTANT MEDICAL EXAMINER L				
EXAMINER'S BELDEN KEAPS (4)	Adoles (Shark Graf Town to county) (4C)				
IO. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR A					
PEMOVAL (Specify)	Falls Church Va				
DUITAL 110-13-1966 Mat. 1. Mem	Orial Park arra Offur off va				
4. FUNERAL DIRECTOR TOGGERAL DIRECTOR TOGGERAL DIRECTOR TOGGERAL DIRECTOR TOGGERAL DIRECTOR TOGGERAL DIRECTOR	C - AVEL				
Joseph Jawler's Sons, Inc. N.W. W	ash DONOCT 13 1966 Illiantes Judge				

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF 14362 PLACE OF DEATH Res dence before odmission) USUAL RESIDENCE (Where deceased ved f instrution) Page Department of c LENGTH OF STAY IN 16 d STREET ADDRESS (If not in hospital, give street address) the State NAME OF DATE Middle DECEASED (Type or print) OF DEATH within 7 MARRIED __NEVER_MARRIED (In veors 6, lost birthdoy) Months Doys 1935 Apr. WIDOWED DIVORCED 100 USLA, OCCUPATION (Give kind of work done 10b, K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working the, even if retired) INDUSTRY Archivist Conn. 13 FATHER'S NAME 14. MOTHER'S MA DEN NAME George P. Haas Beatrice Suter and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? . SOCIAL SECURITY NO 17 INFORMANT Address This certificate should be executed ar removal, (Yes, no, or unknown) (If yes give wor or dates of service) Item 2. 047-26-6646 Same as 18 CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' **DUE TO** Conditions, if any, which gove " farwarded ta rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPS PART U OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMIN 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 5 may be retained far yaur files.

O FUNERAL DIRECTOR: Page 3 shauld | Health or its designated agent, priar CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year Not While of work the funeral directar. Page 21. I certify that I taak charge of the remains described above held an Autapsy 🖺 and in my opinion death resulted from Natural couses Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY NAME (Type) OR CREMATORY 230 BURIAL, CREMATION 23d LOCATION (City or Town) Burial (Specify) 10-27-66 Menonite Cemetery Millersville, Penna 24. FUNERAL DIRECTOR 250. REC D BY REGISTRAR VR A15ME (5) ROBERT A. Bethesda, Marylandonie OCT 6M 1/66

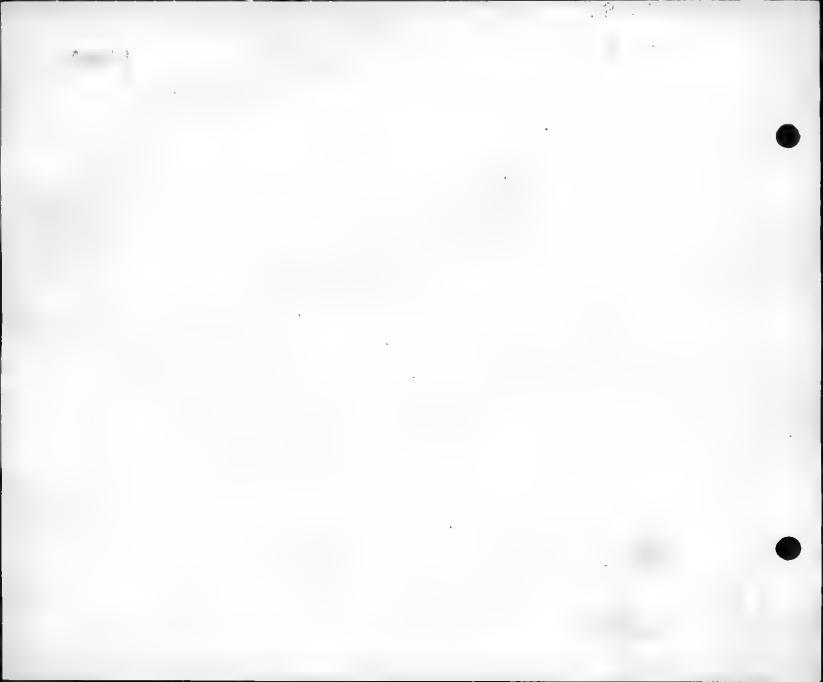


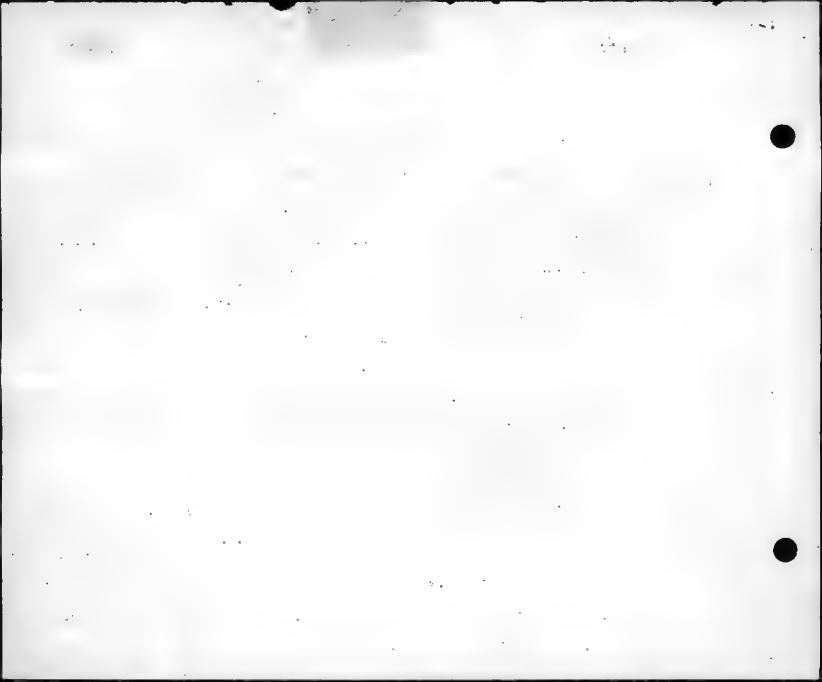
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death settlificate be executed within 24 havrs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by sician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and in 11 ny event, within 72 hours after deafth Cleared = Medical Examiner Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

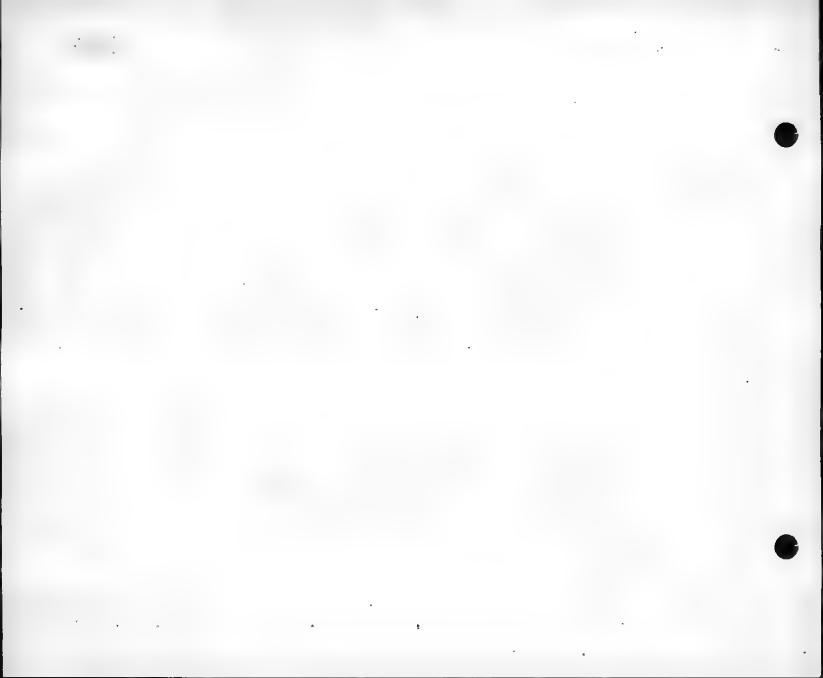
	4 F O O O	OF WE AREA STATES OF STATE			
L	_14363 CERTIFICAT	E OF DEATH			
1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution "Residence before admission)			
	o. COUNTY MARYLAND	o. STATE Maryland Montgomery			
-	b CITY DR TDWN (If outside corporate limits, c LENGTH DF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
-	Takama Fark 50m; N.	Colesville.			
-	d. NAME DE HDSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?			
1	Nashington San. + Hospilal	13709 Sherwood ForesTDr YES NO N			
3.	NAME OF First Middle DECEASED	Lost 4 DATE Manth Doy Year			
	(Type or print) Stella IVMN	Hanns DEATH 10- 21 1966			
15	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 1F UNDER 24 HRS last birthday) Months Doys Hours Min.			
	remale Wh. WIDOWED DIVORCED	4-29+900 (66 yrs) MILLS MILLS			
100	o JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT			
dui	ring most of vorking life, even if retired) INDUSTRY	Penn. COUNTRY? S. A.			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
5	enthony Orloski	Josephine, Tolembiewski			
15 (Y	S. WAS DECEASED FVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (es, no, or unknows) (If yes give wor or dotes of service)				
Ľ	No	nr. Wm. F. Hanns - SON			
Г	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ACLE TO PLANTAGE OF THE COURT OF THE CO	AGE O DELLA DESTRETA			
L	IMMEDIATE CAUSE (a) ACUE. MURLUOL	and the second			
L	Conditions, if any, which gove) (1) Ar len's to lew to	- owner servenlos & delse Yells			
ı	rise to immediate cause (o), DUE TO				
1	stating the underlying cause (c)	/			
L	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY			
S	A section of the sect	PERFORMED?			
CERTIFICATION	200 ACTION WAS CHINDS WHILE IN COLUMN ASSESSMENT WAS HOLD BELLEVILLE TO THE MAN AND ACTION OF MAN AND	YES NO LA			
1	OR CONTRIBUTING CAUSE OF DEATH). (Enter nature of injury in Port I or Port II of item 18)			
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		LACE OF INJURY (Home, form, ctory, street, affice bldg , etc.) (City ar tawn) (Caunty) (State)			
	21. I certify that (I) (this haspital) attended the deceased fram_	Jeks 1, 1950, to Oct 27, 1966, that (1) (we) last			
	saw the deceased alive an Oct 27 1966, and th	at death accurred at 2011 M, fram causes and an the date stated abave.			
	22o. SIGNATURE	22b. DATE SIGNED			
	Model texchen	A.D. PHYS. DIRECTOR PHYS. 10 -2/-66			
	22c. PHYSICIAN'S NAME (TYPE) RONALD S. FLEISCHER	7411 RIGGE ROF HYATISVILLE, GA			
-					
230	BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF CEMETERS OF CEMETERS OF CEMETERS OF CEMETERS OF CEMETERS OF CEME	Company			
Bullat Oct 29, 1900 St Stantslaus Polish Nat					
1	4. FUNERAL DIRECTOR ADDRESS F Gasch's Sons Hyattsville, Md.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
	F Gasch's Sons Hyattsville, Md.	DATE OCT 3 1 1986 Cleanles Judge			

VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) o. COUNTY A COUNTY b. CITY OR TOWN (if outside carparate impres, write RURA) and give nearest town. executed within 24 hours after MARYLAND c. LENGTH OF STAY IN .1b c. CITY OR TOWN (if autside carparote limits, write RURAL and give nearest town) pers. Pogr 72 hours c JOHN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 3. NAME OF Pou Middle 4. DATE Manth Day DECEASED (Type or print) S SEX 9 AGE (n years IF UNDER 1 YEAR 6. COLOR OR RACE NEVER MARRIED last birthdoy) Months DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or Fareign country) 12. CITIZEN OF WHAT during most at working life even if retired) SEC. RETAR the death certificate 13 FATHER'S NAME Harry Alice IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Same as Item 2. Charles Schlichter 579-20-8118 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: thot ereproduction accelent signed by IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse os the O FUNERAL DIRECTOR: After this certificate hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO SER by the hospitol or 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. Not While factory, street, office bldg., etc.) at work ot work 2). I certify that (1) (this hespital) attended the deceased from 7/30 1964, to 10/35 1966, that (1) (we) last 10/25 1966, and that death occurred at 5 35 AM, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. director, page 3 should be filed v M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 370 Uneversite 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City or Tawn) (County) Turible Tansit 10-28-66 St. Agnes Cem. Menands, New York 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 PUMPHREY. Bethesda. Maryland



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

4366 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit pergal. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or regional, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

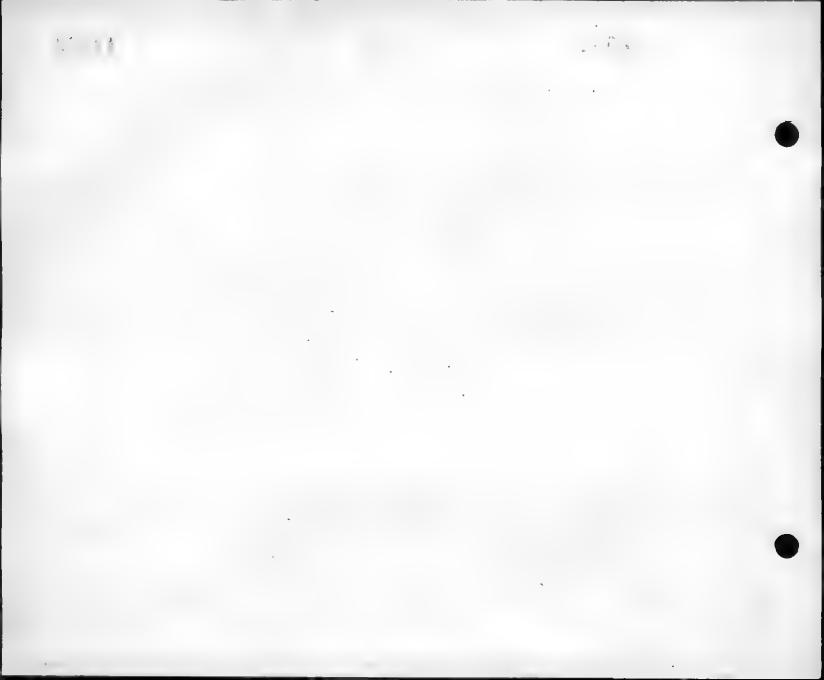
CERTIFICATE OF DEATH

14263

Milarle Judge

1966

2. 3. 4. 0. 0		0. 00		1 2000		
I. PLACE OF DEATH a. COUNTY	N-100	2. USUAL RESIDENCE (Where o	deceased lived, if institution: b. COUNTY	Residence before odmission)		
MONTGOMERY	MARYLAND		LAND B. COMIT	MOPTRORELY		
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co		ond give neorest town)		
SILVER SPRIPE	4 DAYS	SILVE	41396 3	6 / : ;		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	give street oddress)	d STREET ADDRESS	·	e. IS RESIDENCE ON A FARM?		
HOLY CROSS HOS	SPITAL	521 D	ALE DEIVE	YES NO		
3. NAME OF First	Middle	LOST HARME M. D	ATE Month	Doy Year		
(Type ar print) ARL	A	HARDON D	EATH / O	28 19 66		
5. SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS		
MALE WHITE WIDOWED	DIVORCED [11400	6 6 YIS.			
	ND OF BUSINESS OR	11 BIRTHPLACE (County & State	, or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?		
BADY CLERK	Burking	Gronetown	, W, C,	715		
13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAME	,	į.		
Stall Harmon		San Dar	Ser			
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give war ar dates af service)		REPRICE 7 1/44	Address	2 in Sixte		
.Vo 3		service of their	mon 3406 1-	sin(i)		
18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY.		C TOI Prome	with	INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a)	on cho gene	Ch (IC) Diring	- 4	•		
Conditions, if ony, which gove)	expertees to	thyrous sld.	inu was	37.		
rise to immediate cause (a)	My Griner	Mus a	upra mor	A Bay		
stoting the underlying couse Due 10						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH DUT NOT DELATED TO	THE TERMINAL DISEASE CONDITION	, 40/	19 WAS AUTOPSY		
200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 205 DE ON CONTRIBUTION 205. DE	O DERITT BOT NOT KEERIED TO	THE TERMINAL DISEASE CONDITION	OIVER IN FAKT I(U)	PERFORMED? YES NO		
≤ 200 ACCIDENT WAS UNDERLYING □ 205. DE	SCRIRE HOW INITIRY OCCUPRED	(Enter nature of injury in Part I o	or Port II of item 18.)	102 NO		
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW IMJORT OCCORRED.	(cines notors or adjory in Fort F	37 1 617 11 01 11 613 16.3			
(IT EITHER, NOTIT I MEDICAL EXAMINER)	NJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form,	20f. (City or town)	(County) (State)		
Hour am. While	Nat While facts	ary, street, affice bldg , etc.)	()	()		
21. I certify that (I) (this haspital) attent		28 Sept. 1966	2 to 28 18 1	: 19 ///a that (1) (wa) la		
saw the deceased alive an 28 84	19 66 and that	t death accurred at 140	P.M. fram causes and	I an the date stated above		
22a. SIGNATURE ///				22b. DATE SIGNED		
V seluman		D. PHYS. ATTENDING MED. DIRECT	TOR PHYS.			
22c. PHYSICIAN'S	1- (-12-11-11-11-11-11-11-11-11-11-11-11-11-	22d. ADDRESS	ath.,	Wash DC.		
NAME (Type) VICKENTE (C)	E GUZMAN	/ND 1234 /	1-NW.	Witch !-		
230. BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23	d LOCATION (City or Town)	(County) (Stote)		
REMOVAL(Specify) Oct 31 1966	IT Fincoln	Cometing	Prence From	ges Connty Ma		
24 FUNERAL DIRECTOR	markerse	256. REC'D BY R	GISTRAR 25b. REGIST	RAR'S SIGNATURE		
Holol funer Home	6/024	WE DATE NOV	1 1965 00	levela a.		



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	14368	CERTIFICATE	OF DEATH	14	368		
	D. PLACE OF DEATH a COUNTY MONTGOME	€ V MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived, if institution: b COUNTY	Residence befare admission) MoNtgoMCRV		
	b CITY OR TOWN (If autside corparate I mits, write RURAL one give negrest tawn)	c. LENGTH OF STAY IN 16	CCITY OR TOWN (If outst	de corporate limits, write RURAL c	and give neorest town)		
	d. NAME OF HOSP TAL OR INSTITUT ON (If not in	haspitol, give street address)	63124	VILSON LI	ANC YES NO P		
	3 NAME OF DECEASED (Type or print) PA QUEL 1 5 SEX 6. COLOR OR RACE 7				Doy Year 25 19 6 1 UNDER 1 YEAR IF UNDER 24 HRS onths Days Haurs Min.		
1	10a USUAL OCCUPAT ON (Give kind af wark dane dur ng most of warking life, even if refired) HOUSE (U) 2	/IDOWED DIVORCED DIVO	11 BIRTHPLACE (County & S CAMA GÜE	State, ar fareign country) Y CUBA	12 CITIZEN OF WHAT COUNTRY? CUBA		
	13. FATHER'S NAME ERNESTO CUESTA		14 MOTHER'S MAIDEN NAI RUFINA	ZALDIVAR			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 266-32-7142 Ernesto Cuesta Same as Item 2							
	1B. CAUSE OF DEATH (Enter unly one couse por PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove is a immediate couse (a), stoting the underlying couse (c) Lost.	Melastic Carcin Carcinovace U	iguate	brain, in pelvi	INTERVAL BETWEEN ONSET AND DEATH OF CHANGES		
200	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED? YES NO 3		
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED ((Enter nature af injury in Pai	rt I or Part II of item 18.)			
	20c TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19	While Not While at work foctor	E OF INJURY (Hame, farm, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)		
	21. I certify that (I) (this haspita saw the deceased alive an		death acturred at <u>//</u>		, 19 <i>66</i> , that (I) (we) last an the date stated abave.		
	22a SIGNATURE Dover	Macon M.D). PHYS 💆 DI	ED STAFF INECTOR PHYS	22b. DATE SIBNED		
	22c. PHYSICIAN S ROBERT C.	MACON	809 Vies	Mill Kel,	Rochielle.		
I	230 BURIAL, CREMATION, PERMOVAL (Specify) 30 PATE THEREO 10-27-6			23d. LOCATION (City or Town) Silver Spri	(County) (State)		
	24 FUNERAL DIRECTOR ROBERT A. PUMPHREY	ADDRESS	2Sa. REC'D 8	BY REGISTRAR 256 REGIST	RARS SIGNATURE Judge		

Bethesda, MarylandDATE

VR A15 (4) 20 M 1/66

Page 4 may be retained by the hospital or attending physicia...

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages V and 2 shauld be diled with the State Dept. of Health prior ta burial, crematian, ar removal, and in any event, within 72 hours after deams.

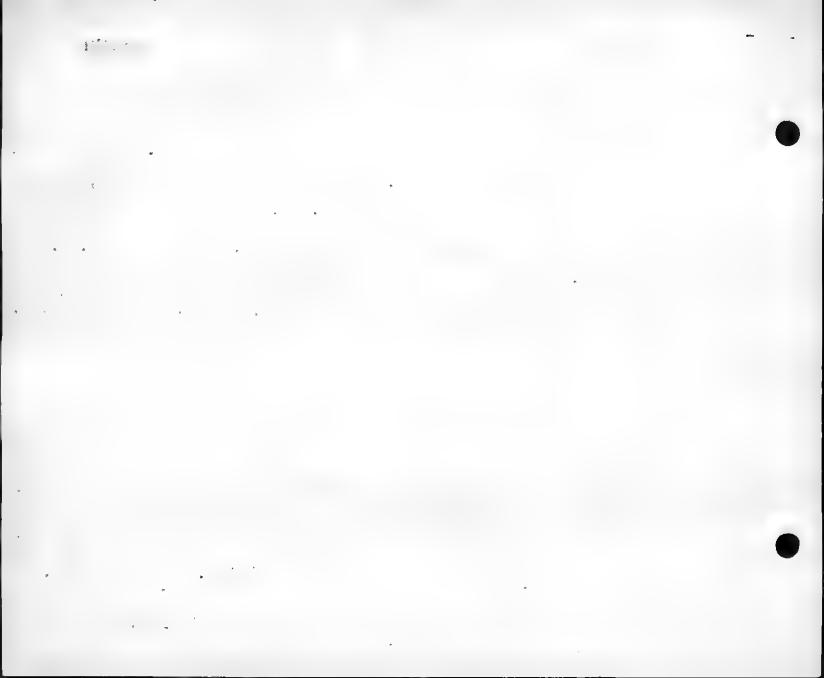
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate, be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physiciam

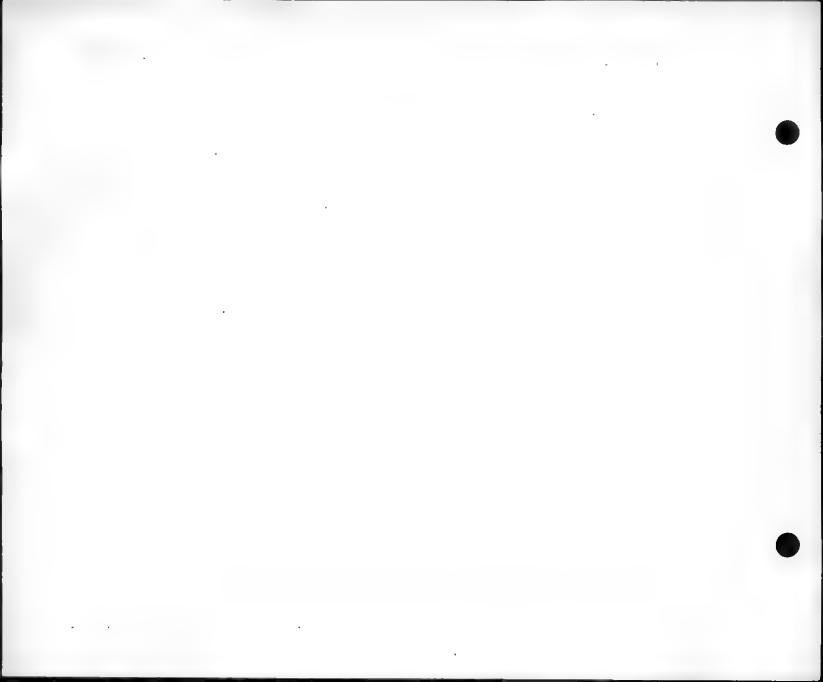


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #21 OF DEATH death. requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campletely filled in by the funeral lave carban papers Pages I and PLACE OF DEATH b COUNTY Montgomery o. COUNTY Marvland Montgomery MARYLAND b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rockville Rockville vear d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS DeBeck Ave. 1015 DeBeck Ave. 1015 YES NO 🕟 3 NAME OF 4 DATE Middle DECEASED (Type or print) LAWRENCE HIGGINS October 19 66 Α. DEATH 9. AGE (in years last birthday) IF JNDER SEX 6 COLOR OR RACE **B** DATE OF BIRTH 7 MARRIED **NEVER MARRIED** 26,1899 Male Whi te WIDOWED DIVORCED 6 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IDb. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) Retired COUNTRY? attending onysition sermit. Their please Rockville, Maryland
14. MOTHER'S MAIDEN NAME Survevor 13. FATHER'S NAME crematian, ar remaval, Frank H. Higgins Roberta Baker 17 INFORMANT Nephew Address 6 Maryland Ave IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) [(If yes give war ar dates of service) Gaithersburg, Md. Franklin H. Wilson. 212-20-1084 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY. signed by the c burial-transit p burial, crematia EVERE (TENERALIZED Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this foctory, street, office bldg., etc.) Hour am. 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 154 1247 9/27966, and that death occurred a 200 AM, fram causes and an the date stated above. director, page 3 shauld should be filed with the 22o. SIGNATURE 22b. DATE SIGNED 615 W. Montgomery Ave. Rockville. Maryland 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) W. G. HALL 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial 10-7-66 Rockville Cemetery Rockville, Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) 20 M 1/66 1966

MARYLAND STATE DEPARTMENT OF HEALTH



Items 18&21 Film 385 1-25 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2 USUAL RESIDENCE (Where deceased wed, if institution Residence before admission) 1 PLACE OF DEATH o COUNTY b COUNTY Haryland Montgomery Montgomery P.M3. Page 6 delay is death. MARY, AND Deportment c LENGTH OF STAY IN 16 c. E. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) after 22 days Damascus d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? farm hours 8. Give Poges 1, Montgomery General Hospital 26510 Ridge Rd. e Stote | 72 hour YES X NO [be executed within 24 hours after death. along with 3. NAME OF Middle 4 DATE First Month Dov DECEASED OF MAI Hilton 10 19 66 23 the Ray within (Type or print) DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 9. AGE (In years F UNDER 24 HRS. 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthday) Months Dovs Hours White 5/22/93 Male WIDOWED DIVORCED Office ond 2 event Item] II BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life even if retired) INDUSTRY Maryland USA Self Farmer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME in pencil McClemen Hilton Catherine Modesworth 11 pup IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT e, writing the word 'pending' i forworded to the Chief Medical (Yes, no, ar unknown) lift yes give war or dates of service) removal. Hospital Records, Olney, Maryland 213-36-8053 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) NTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute bilateral bronchopneumonia ö EMMEDIATE CAUSE (o) This certificate should writing the word burial, cremation, DUE TO Conditions, if only, which gove (b) nse to immediate couse (a), DUE TO stating the underlying couse o last 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160) CERTIFICATION certificate, prior 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port 1 of Item 18.) 3 should PRIMARY Or CONTRIBUTING should OT AL EXAMINER: CAUSE OF DEATH. 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Harne, form, (City or fown) (County) (Stote) Hour am factory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page 5 moy be retoined for you TO FUNERAL DIRECTOR: Pag Health or its designoted o ot work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X ond in my opinion the funeral director. deoth resulted from: Natural couses 323 Suicide | Homicide | Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** NAME (Type) BJRIAL, CREMATION, REMOVAL (Specify) 235 DATE THEREO! CEMETERY OR CREMATORY 23d LOCATION (City or Town) Oct.26,1966 Montgomery Meth. Clagettsville, Md. 2So REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25b Misseles VR A15ME (5) Olin L. Molesworth, Damascus, Md. 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death funeral and death USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Yout gomens MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Wash. Oprin and completely filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS Commout YES NO X executed within NAME OF DECEASED Month Day Middle OATE OF DEATH 1966 (Type or print) 10 AGE (In years IF UNDER 14 EAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 9. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. Months | Days DIVORCED (ale WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 15 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificates Page 4 may be retained by the hospital or attending physician. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? arroll/Laffeess Silver Spring. 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes pive war or dates of service) UNKNOWN Maryland L. Kelly-Daughter-NO Mrs. Marv INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which rise to immediate DUE TO (a), stating underlying cause last, WAS AUTOPSY CERTIFICATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? NO 🔀 YES aha 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (County) (State) | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22b. DATE SIGNED SIGNATURE 22a. STAFF ATTENDING MEO. DIRECTOR M.D. PHYS. PHYS. ADDRESS PHYSICIAN'S 22d. 22c. (State) NAME OF CEMETERY OR CREMATORY £3d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23a. Cremation 10-5-66 Cedar Hill Crematory Suitland Maryland 25a. REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR Bethesda, Maryland Robert A. Pumphrey VR A15 (4) 15M 4-64

*

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14372 law requires that the death certificate be executed within 24 haurs after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) campletely filled in by the funeral nave carban papers Pages I and b. (ITY OR TOWN (If our de carporate limit)

yerle RURAL and give nearest town) b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gullside corporate limits, write RURAL and give negrest town) NNAROLIS Kensing to N 6 days. d. NAME OF HOSP TAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 54 WILSON Gardens JANITERIUM NO PC NAME OF 4. DATE Month DECEASED 0F HOLCOM b 19cT 10 (Type or print) DEATH 5 SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remave birthday) Months Days WIDOWED X MAR. 23 DIVORCED signed by the attending physician and burial-transit permit. Then please rem 10a JSUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or fareign country) and in during exoct of working life, even if retired) MKHIGON 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME COLLINS WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 54 Wilson Rd (Yes, no, or unknown) (If yes give war or dates of service) MRS. E.E. CHRISTENSEN DEANISH AMERKAN ANHOENLIE CAUSE OF DEATH (Enter only one couse per line for (d), (b) PART | DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OPATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) PERFORMED? NO by the haspital ar 20g ACCIDENT WAS UNDERLYING ... 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 should be detache shauld be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or fown) (County) (State) 20c. TIME OF INJURY Manth, Day Year factory, street, office bldg., etc.) Haur a.m. Nat While at work 21. I certify that (1) (this hospital) attended the deceased from. and that death occurred of M, from couses and an the date stated obove. saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 12.66 NATIONAL 24. FUNERAL DIRECTOR IVES FUNERAL HOME 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 2847 Wilson Blud ARLINGTON.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S OF CERTIFICATE DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY MARYLAND to the funeral Department after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE d. STREET ADDRESS (If not in hospital, give street address) ON A FARM? any delay : 1, 2, and 3 to the PM3. Page State hours NO P YES L 4. DATE Month NAME OF Middle DECEASED DEATH 19 (Type or print) 8. MARE OF BIRTH AGE (In years | IF UNDER 1 YEAR FUNOER 24 HRS Pages 1. form 6. COLOR **NEVER MARRIED** lest birthdey) Months Days Hours EXAMINER: This certificate should be executed within 24 hours after death. WIDOWED DIVORCEO Item 18, Give Pag Affice along with 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY -Anne pages 1 13. FATHER'S NAME MOTHER'S MAIDEN NAME Office File 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? permit. F (Yes, no, or, unknwn) | (If yes give war or dates of service) Examiner's in pencil INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause set line for (a), (b), and (c) ONSET AND DEATH I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a Medical DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (e), steting 40 underlying cause lest sed as burlal, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAPED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI NO YES 50 the certificate, writing t should be forwarded to DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) <u>o</u> 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 3 should agent, pri CAUSE OF DEATH. CAL (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) factory, street, office bldg., etc.) Hour e.m. While Not While CTOR: Page designated at work at work and in my opinion 21. I certify that 1 took charge of the remains described above, held an Autopsy Inspection DIRECTOR: Undetermined manner death resulted from Suicide Homicide Natural execute the r. Page 4 s d for your CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 10 please exec director. Pa retained for O FUNERAL D NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. 23c. 10 T REMOVAL (Specify) Fort Lincoln Cemetery or Buria o'eg 0 FUNERAL DIRECTOR 5 05 er 5 ons VR A15ME Wash DC 3500 4-64



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery by the MARYLAND Montgomerv b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, wrste RURAL and give negrest town) write RURAL and give nearest town? .⊑-Gai thersburg, Md. 5 years
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Gaithersburg d. STREET ADDRESS . IS RESIDENCE ON A FARM? 311 South Frederic YES NO 3 papers. 3. NAME OF Middle First 4. DATE DECEASED (Type or print) within DEATH Hollander October 11 1966 Amna carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS iast birthday) Months White WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work гетоме BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad) Jefferson Co., Iowa H. Wife HORSE USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please andin Christina Louisa John Jacobson Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (If yas give war or dates of service) Mrs. Bemice Foster Same as 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONER ALIZED ASTERIOSELEROS SO VEARS IMMEDIATE CAUSE (a) burial-transit DUE TO HY PERTENSION Conditions, if any, which gave risa to Immadiate cause DUE TO (a), stating the underlying CORONARY THEOMBOSIS causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1181-19. WAS AUTOPSY CERTIFICATION 50 PERFORMED? YES T NO F 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 호 OR CONTRIBUTING | CAUSE OF DEATH Health detached WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) Not While factory, streat, office bldg., atc.) at work at work 21. I certify that (I) (this hospital) attended the deceased from MIRCOH 25., 1966, to CXTDAX 12, 1966 that (I) (we) last plnous SIGNATURE 22b. DATE ATTENDING death, Page 4

IO FUNERAL

director, page 3

be filed with the DIRECTOR PHYS. M.D. 22d. T MONTGOMBER B Gordon S. Rosenberger 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Jefferson County, New Sweden Cemetery Removal 10-11-66 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

Laytonsville, Md.

1966

VR A1S (4) 20M 5-63

FrancisH. Barber

ATTENDING

HOSPITAL

DIRECTOR:

filled

completely

and

physician

attending

10 " 1 34-, 3- 1 Z. 5 T F he report of the second ** *** was to the second secon

. .

14375

CERTIFICATE OF DEATH

14375

	M)
3		

1

the funeral director, 2 should be filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

O FUNERAL FOR: After this certificate has been signed by the attending physician and completely filled page 3 shauts be disached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

0	may	TO FUN	bage
1	SM	A1S	(4) S5

_									Keg. Dist. No	7.	-000
	PLACE OF DEATH				2. USUAL RESID	ENCE (Whe	ere deceased liv	ed. If institution	n Residence befo	are admissi	an}
ľ	s. COUNTY	Montgomery	MARYLA	MD	o STATE	laryl	and	b. COUNTY	Monte	omer	y
ŧ	. CITY OR TOWN (IF	pulside corporate limits, write	c LENGTH OF STAY IN	16	c. CITY OR T	OWN (If ou	itside carporate	limits, write RU	RAL and give ne	arest tawn))
	Bethes		?			Bet	hesda			*/	
4	L NAME OF HOSPITA	AL (If not in hospital, give stre	et address)		d. STREET A					e. IS RESI	
	OR INSTITUTION	rkwood Drive	2		9716 Parkwood Drive					-	
3.	NAME OF	First	Middle		Los		4. DATE	Month			
	DECEASED (Type or print)	KATHARIN	E L.		LLIST		OF DEATH	0ct	_	•	9 66
5 5	EX	6. COLOR OR RACE 7. MA	RRIED MEVER MARRIED	□ 8.	DATE OF BIRTH	1	9.	i kilisini k M	FUNDER 1 YEAR		
F	emale	White wipor	WED DIVORCED		ec. 7,	189	5 7	70 yrs.	Months Days	Hours	Min,
10o	USUAL OCCUPATIO	N (Give kind of work done 10 ng life, even if retired)	b. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPL	ACE (Stote o	or fareign count	ry) ·	12. CITIZEN	OF WHAT	COUNTRY?
	Housewi				Ne	w Yo	rk		I	J. S.	
13	FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
	Harr	y Lawder			Do 1	ca Cr	amptor	n.			
		IN U.S. ARMED FORCES?	6 SOCIAL SECURITY NO.	17. INF	ORMANT	Husb		Addre			
i i	No	f yes, give war or dates of service)	Jnknown	J.E	Lillman	Hol	liste	r Sam	e as	[tem	2.
		TH [Enter only one cause peg	line for (a)! (b), and (c).]		Λ		/	. /		ERVAL BEI	
		H WAS CAUSED BY:	ultile (and	salla	1 Cul	an at	riday	ON.	2 4r	-
	,	DUE TO	A VIII	E-180	1	SERIAZ)		100-0	Shend	2~ M23	N. Colonia
	Conditions, if an	w which I	harutor	a-1 da .	Resent	don	1000000	tion of	1-1	54.	r
	gave rise to in	nmediate (a mary	CVIV	M-SATRET	(Vary	11/10/2014	Mark James	(2)27	27/2	3
	couse (o), stating to lying couse lost.	ne under-	MISO IM	do	Torson	11121	/	/			
Z		ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	H BLIT N	OT RELATED TO	THE TERMIN	NAL DISEASE CO	ONDITION GIVE	N IN PART I(a)	19 WAS A	UTOPSY
CERTIFICATION								3113113113112	1411777, 1101	PERFO	NO 🔀
RTEF	20a. ACCIDENT WAS	S UNDERLYING (1) 20b. DI CAUSE OF DEATH MEDICAL-EXAMINER)	ESCRIBE HOW INJURY OCC	URRED.	(Enter nature of	injury in P	art I or Part II	of item 18 }	pr==		
Ü	(IF EITHER, NOTIFY	MEDICAL-EXAMINER)	(Palestalla)	,			,				
MEDICAL	1.4		1	e. PLAC	E OF INJURY ()	fame, form,	20f. (City or	town)	(County	}	(Stote)
MED	Hour o.m. p.m.	19 Whi		10210	7, 511001, 011100	biog., etc.,					
	21. I certify the	at Lattended the dece	ased from		. 19 30	to a	253	1966	that I last s	aw the	deceased
	alive on (2)	15 3 19	11	eath c	occurred of	1130	M from t	he causes an			
			A A		recorred on			, city or tawn, st			TE SIGNED
	ACTUAL SIGNATURE	Wiral &	lasis	AA	, 47	40	Chev	VCha	Sr Di	5 /	03.6
		7	4	***		. /		aga a stranga at taga			
	PHYSICIAN'S NAME (Type)	Slewarl	Clapp	<u> </u>	D. (Dhe	UY C	hase	M	d	
220	BURIAL, CREMATION	N, 226. DATE THEREOF	22c. NAME OF CEMETI	RY OR	CREMATORY		228 LOCATION	N (City, lown, or	county)	(Stote)
B	REMOVAL (Specify). Ur = transit	10/7/1966	Oaklawn (Cem	etery		Troy		New	York	k
	FUNERAL DIRECTOR'S		ADDRESS			24a. REC'D	BY REGISTRA	24b. REGIST	RAR'S SIGNATU	JRE ,	
F	Robert A.	Pumphrey	Bethesda, M	ary	land	DATE []	CT 7	1966 0	Charle	.0	a •

ቁሳላ



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admiss on COUNTY 후으축 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWNLIB butside corporate limits, write RURAL and give nearest lownly c. LENGTH OF STAY IN 16 3. NAME OF DECEASED DEATH (Type or print) MARRIED T NEVER MARRIED T 8 DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 5. SEX last birthday Months WIDOWED [DIVORCED YPS. 10a. USUAL OCCUPATION (Give kind of work done during most of working I fe, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which gave rise to immediala cause DUE TO (a), stelling the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 199. WAS AUTOPSY Zeen 20a ACC DENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED [Enter nature of injury in Part I or Pert II of Item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
[IF EITHER, NOTIFY MEDICAL EXAMINER] 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office Mdg., etc.) While Not While Hour a.m. al work at work that (I) (we) last saw the deceased alive on 22e SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN 5 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county Burial O Parklawn

VR A15 (4) 15M 7 61

Tyson Wheeler Funeral Home 1331 Rockville

Maryland

a. IS RESIDENCE ON A FARM? YES TO NO TO

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

NO DO

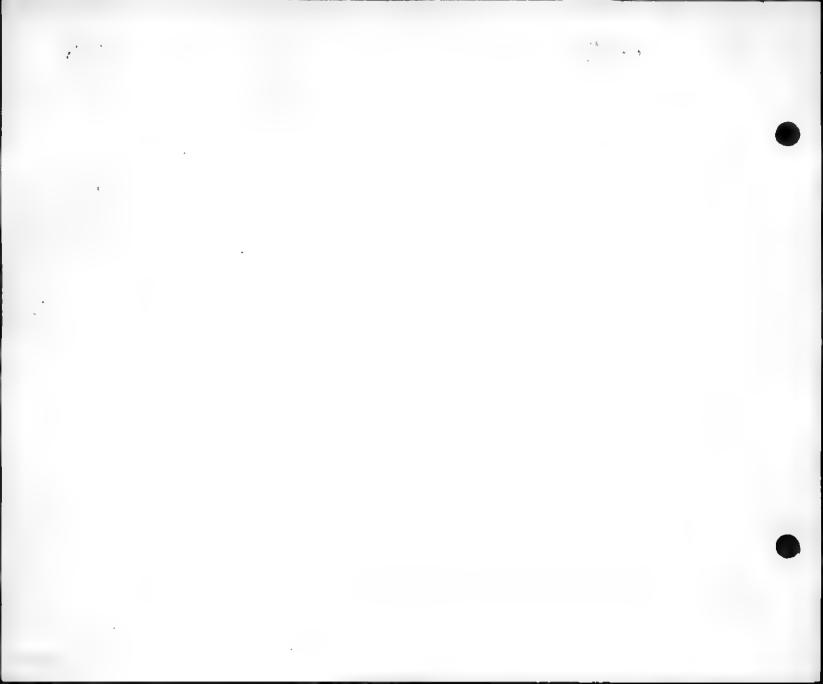
(Stete)

25b. REGISZRAD'S SIGNATUR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14370FOR STATE 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) PLACE OF DEATH **b** COUNTY p. COUNTY o. STATE Montgomery County Maryland PM3 Page Montgomery partment of death. MARYLAND delay b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) CLENGTH OF STAY N 16 after days Silver Spring Silver Spring & NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? form hours 14632 Peach Orchard Road YES NO PO e Stote | 72 haur Holy Cross Hospital Item 18. Give Pages Office alang with far 21 homrs after death 4 DATE 3 NAME OF Doy Year DECEASED the October 31. 66 19 Hoppensack DEATH within (Type or print) Hans AGE (In years F UNDER 24 HRS 8 DATE OF BIRTH S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last. birthdoy) Months Min Dovs 10/30/89 Male White WIDOWED DIVORCED event CV and 11 BiRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT 10p USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR Germany during most of working the even if refined Retired Accountant German Gout. Germany Examiner's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within Unknown Otto Hoppensack .= INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Reach Oschard (Yes, no or unknown) (If yes give wor or dotes of service) Chief Medical "pending" or remayal. 220-48-9698 Silver Spring Martha Hoppensack INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) ONSET AND DEATH burial-transit PART I DEATH WAS CAUSED BY Acute intracranial hemorrhage IMMEDIATE CAUSE (o). please execute the certificate, writing the ward cremation, DUE TO 4 should be forwarded to the Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse o 95 burial, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPS RERFORMED? CERTIF CATION pe p 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18) prior shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL agent, 20e PLACE OF INLURY (Home form (City or town) (County) (Stote) 204 INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg, etc.) far your Not While FUNERAL DIRECTOR: Page ot work designated 21. I certify that I task charge of the remains described above, held an Autapsy 🔀 Inspection 🔀 Inquiry X and in my opinian Natural causes X the funeral director. Accident Suicide . Hamicide Undetermined manner death resulted from: be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ö **EXAMINER'S** Sifee enty fown or county may NAME (Type) 23d LOCATION (City or Town) BURIAL, CREMATION, 0 Burral (Specify) Burtonsville Union Cemetery Burtonsville. Maryland RECD BY REGISTRAR REGISTRAR S SIGNATURE FUNERAL DIRECTOR 8434 Georgia Ave VR A15ME (5) Silver Spring Md DATE 6M 1/66

tems 18&21 Film 383 12-12MARYLANDSSTATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item OF DEATH 14378 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY MONTGOMERY o. COUNTY MONTGOMERY MARYLAND MARYLAND b. CITY OR TOWN (If autside corparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Bethesda (Rural) 3 days ROCKVILLE IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Naval Hospital 10201 GROSVENOR PLACE YES NO X 3. NAME OF First Midd e 4. DATE Month Year Lost DECEASED OF Budh1 Howard HUBBETT October 8 19 66 DEATH (Type or print) AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lest birthday) Months Doys Haurs Cauc March 7, 1912 Female WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) COUNTRY? during most of working Life, even if retired)
Housewife INDUSTRY Floesville. Texas U. S. A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Louis Howard Mattie Virginia Gray 17 INFORMANT 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no ar unknawn) (If yes give war or dates af service) 557-05-8082 Charles W. Hubbell 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH LUNG CARCINOMA WITH METASTASE TO MEDIASTINUM IMMEDIATE CAUSE (a) 165 X DUE TO Conditions, if any, which gave AND SKULL rise ta immediate couse (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CATION YES 🛨 NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, form (City or town) (County) (State) 20c. TIME OF INJURY Month, Day Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work , 19<u>66</u> , to 8 OCT 19 66, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 5 OCT saw the deceased alive an 8 OCT 1966, and that death accurred at 1 100M, from causes and an the date stated above. :40AM 220 SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d ADDRESS 22c PHYSICIAN NAME (Type) Naval Hospital, Bethesda, Maryland CDR. MC. USN 23d. LOCATION (City or Town)
Arlington, 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b DATE THEREOF (County) Virginia Burial (Specify) Arlington National 10-12-66 ADDRESS 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR

Maryland

R.A. Pumphrey, 7557 Wisconsin Ave., Bethesda,

VR A15 (4) 20 M 1/66

be executed within 24 laurs after deatl

PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending

TO FUNERAL DIRECTOR: After this certificate

and

ampletely filled in by the fui ve carban papers. Pages 1 event, within 72 haurs after

and campletely fi remave carban p

and in any

permi

signed by the burial-transit p

burial, crematian,

priar ta t

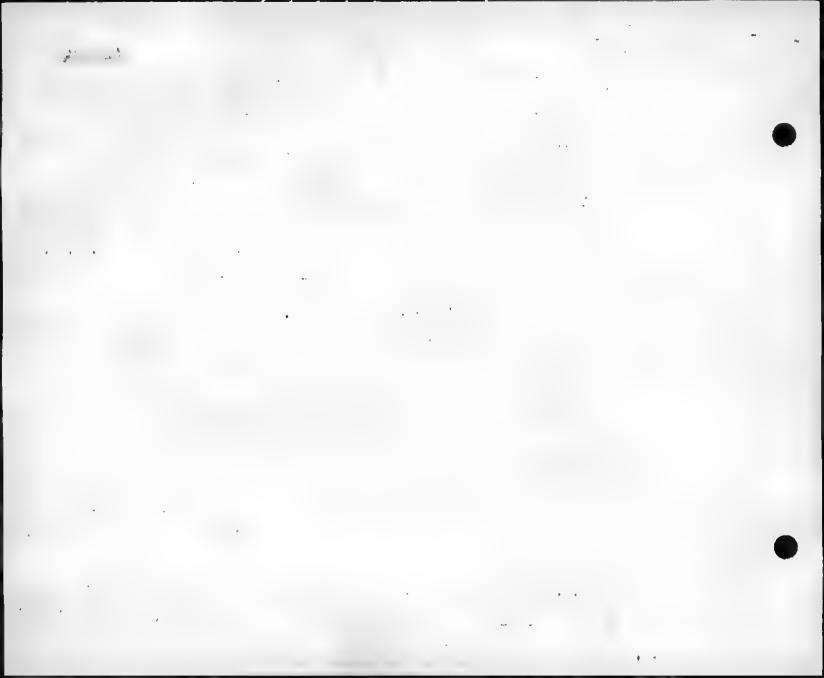
director, page 3 should be detached for use should be filed with the State Dept. of Health p

as the

has

.⊑

filled



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or rimoval, and in any event, within 72 hours after deadth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1437	9		CERTIFI	CATI	OF DEATH	1	, , , , , , , , , , , , , , , , , , , ,	143	79
1.	b. CITY OR TOW	ntgomery	nits,	MARY		2. USUAL RESIDEN a. STMaryl c. CITY OR TOWN (II	and	b. COUNTY	Montgo	mery
	Write RURAL	and give nearest town) Lver Spring		9 hours		Silve	r Sprin	8		1
		SPITAL OR INSTITUTION (F 1y Gross Hosp		pital, give street a	ddress)	d. STREET ADDRESS		Defino		6. IS RESIDENCE ON A FARM?
3.	NAME DF	First	ILAX.	Middle		Last	4. DATE	Month	Da	YES NO Year
	(Type or print)	David		A.	Hug	ghes	OF DEATH	October		19 66
	SEX	6. COLOR OR RACE 7.	_	NEVER MARRIE	<u> </u>			AGE (In years IF last_birthday)	UNDER 1 YEA	HOURS MIN.
10:	Male . USUAL OCCUPAT	ION (Cive kind of work done	I 10b. KIN	DIVORCE D OF BUSINESS OF		Sept. 13, 1		L1 yrs.		
dur	Child	ing life, even if retired)		USTRY		Washington	-	a incign boardy)	COUNTR U.S.	X.
13	Richar					14. MOTHER'S MAII Elizal		Wirth		
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	S? 16. SO	OCIAL SECURITY NO	17.	Hospital 1	records	Address Silver	Spring	s, Md.
		DEATH [Enter only one ca EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	use per line	o for (a), (b), and (c	().]	degene	instru			ERVAL BETWEEN SET AND DEATH
	Cenditions, if gave rise to cause (a), si underlying caus	Immediate tating the DUE TO		Hurke	W's	Syndi	ON	e		
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIONS	ONTRIBUTI	NG TO DEATH BUT N	OTRELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN PA		WAS AUTOPSY PERFORMED? ES NO
CERTIF	20a, ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJU	RY DCCU	RRED. (Enter nature o	f Injury in Par	t I or Part II of I	tem 18.)	
MEDICAL	20c. TIME OF Hour a,r		20d. INJU While at work	Not While at work	20e. PLAC factor	E OF INJURY (Home, fa y, street, office bldg., e	arm, 20f. (0 itc.)	Olty or town)	(County)	(State)
		y that (1) (this hospital	Married Married of			1954,1		10/25-		
	22a. SIGNATUR	Herry	OL	eul.	M.D.		MED.	STAFF PHYS.	22b. DATES	IGNED 5
	NAME (T)	THURKIN		AUL		Citres	1 2p. 2	ings,	ma	/
232	Bur al	10/28/C.	1 .	Relington	METERY — M	OR CREMATORY	arh	CATION (Gity, town	7	(State)
24	FUNERAL DIRE	Ke sine.) fifn	ADDRESS Llentl	63	DATE C	C'D BY REGIS	1966 REGI	STRAR'S SIG	Judge

VR A15 (4) 20M 1/65

r + 1: , 1 5. 10 10 8 1.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremating to be and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

143811

	_											
		PLACE OF DEATH a. COUNTY				2. USUAL RESIDENC	E (Where deceased	f lived, If institution: b. COUNTY	: Residence be	fore admission)		
Т		Montgome	erv	MARYLAN	10	District of Columbia						
-		b. CITY OR TOWN (f outside corporate limits, I give nearest town)	c. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside corpora	te ilmits, write RUR	AL and give i	nearest town)		
ı		Bethesda		1 day		Washington 47						
	-		AL OR INSTITUTION (if not in		ess)	d. STREET ADORESS		S RESIDENCE				
			Center, Bethe			114 Varm	m Ctmoo	+ N T	YES	ON A FARM?		
		NAME OF	First	Middle	4	Last	4. DATE	Month	Day	Year		
Т	-	DECEASED					OF DEATH	October	26	19 66		
1	5.	(Type or print)	Patrick COLOR OR RACE , 7 MARRIE	Kevin	= 1 s	Hughes	19 40	F (in years LIFUND	ER 1 YEAR HE			
1			, interest	D NEVER MARRIEO	~ 본		las	it birthday) Months	B Days	lours Min.		
		ale	White WIDOWE			6 November		yrs.	CITIZEN OF	WHAT		
1	duri:	ng most of working	life, even If retired)	INDUSTRY					COUNTRY?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	-	Child					ngton, D	.C.	USA			
1	13.	FATHER'S NAME				14. MOTHER'S MAID	EN NAME					
1		Pat	rick E. Hughes				a Edward					
Н			R IN U.S. ARMED FORCES? 19 yes give war or dates of service)	6. SOCIAL SECURITY NO.	17.	INFORMANThe Me	dical Re	cord				
Į		No		None	Th	e Clinical	Center.	Bethesda,				
	-		TH [Enter only one cause per							AL BETWEEN AND DEATH		
		PART I. DEATI	H WAS CAUSED BY: Car	diorespirator	cy i	Failure				Hours		
4			OUE TO									
										Hours_		
	- 1	gave rise to im cause (a), stati										
1		underlying cause I	ast. (c) Hur	ler's Syndro	ne				91	Years		
1	8	PARTIL OTHER SIGI	NIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT	RELA	TED TO THE TERMINAL E	SISEASE CONOITI	ON GIVEN IN PART 1		AS AUTOPSY ERFORMED?		
	CAT								YES			
	CERTIFICAT	20a. ACCIDENT WA	S UNDERLYING . 20b.	DESCRIBE HOW INJURY	OCCU	IRREC. (Enter nature of	injury in Part I	or Part II of Item	18.)			
	CE	OR CONTRIBUTING	CAUSE OF DEATH Y MEDICAL EXAMINER)									
	¥			INJURY OCCURRED 20e	PLA	CE OF INJURY (Home, fary, street, office bldg., e	arm, 20f. (Cit)	y or town) (County)	(State)		
ı	EDICAL	Hour a.m.	19 Whi	ie — not while — i	facto	ry, street, office bldg., e	tc.)					
I	Ξ.	p.m.	hat 🗱 (this hospital) after		. Oc	toher 26	9.66 to Oc	tober 2610	66 that	20 (we) last		
		21. I certify t	nat w (this nospital) after used alive on October	26 1966 and	l that	t doath accurred at	130M from	the causes and o	n the date	stated above.		
- 1		22a. SIGNATURE			LUIGI	death occurred ace	P	22b.	DATE SIGN	ED		
- 1		1	painh H.	Sel 11-	M. 0		MED. OIRECTOR	STAFF PHYS. X 27	Octobe	er 1966		
	1	22c. PHYSICIAN'S	3-1	The way	191. C			cal Center	r. Nat	ional		
П	i	NAME (Type	Joseph H. Zé	Ison, MD				1th Bethe				
	23a	BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY		IDN (City, town or		(State)		
		REVIOUAL (Special		6 Polina Vin	A	ational	arli	nalozi	Vira	inia		
	24.		OR OR	AOORE S,	1	25a. RE	C'O BY REGISTR	AR 256. REGISTR		URE		
	1	Tukushali	the 204 (Canna)	1101-1841 11	ask	MO DATE O	CT 2 1 1	956 Fre	arlis	mogram		
	J.	www.	My -13/ -Wall	Les 1840 10.	-	- DATE O	W1 V					
2			,			*						

VR A15 (4) 20M 1/65

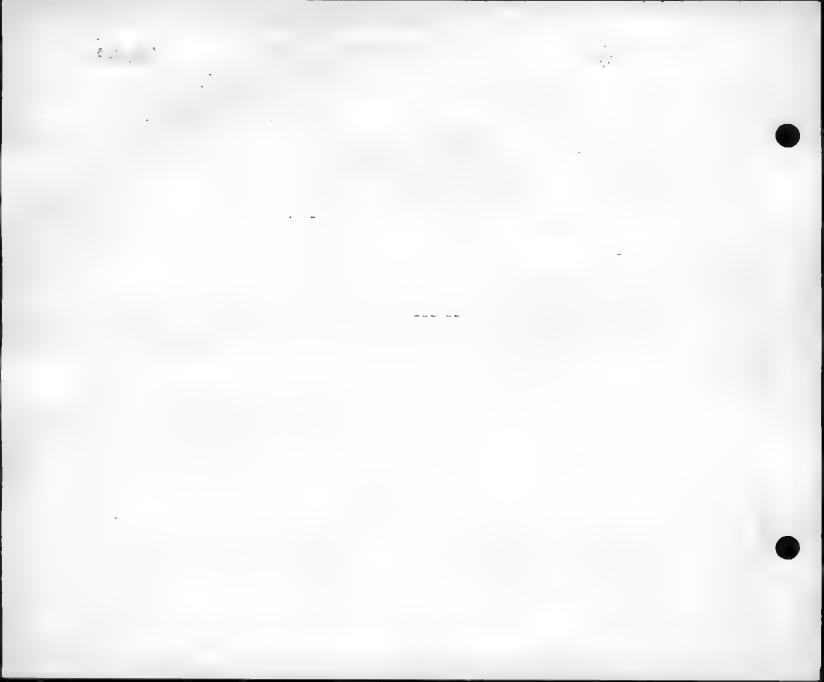
4 7 . 15 T 4 . ,

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		14381				CERTIF	ICATE	OF DEATH			14	125		
		PLACE OF DEATH						2. USUAL RESIDENC	E (Where	deceosed lived,	if institution	Residence bef	ore admissi	on)
			ntaomery (ounty.		MARY	'LAND	U. SIAIE 12	lver	Spring	Md.	Monte	omerv	Cv
	ŀ	CITY OR TOWN (ntgomery C	ls,	c. LENGT	H OF STAY I	N lb	c CITY OR TOWN (If	outside o	corporate limits,	write RJRAL	ond give neor	est town)	- Legina.
			I give nearest town) Spring Ma	rvland	1 4	davs		Silver	Spri	ing, Ma	rvland		s - a	
	C	NAME OF HOSPITA	AL OR INSTITUTION (IF I	ot in hospital	give street	oddress)		d STREET ADDRESS	Opr.	11174 4 1100	1,120110		e IS RESI	DENCE
U		The Cole	onial Villa	1232	25 New	Hamp	shire	Ave	Comi	ngtree	Drivo		ON A F.	
	3. 1	NAME OF		est St.13	ver 2b	Middle	PRE	lost		ATE	Month	D/	oy Ye	- 120
	,	DECEASED Type or print)	Poh	ert	Sha	NACN		Humphrey	(OF DEATH	10	2		66
	5. 5		6 COLOR OR RACE	7. MARRIED		ER MARRIED	TSP B	DATE OF BIRTH	1 1	9. AGE (In		F UNDER 1 YEAR		
		3.7		WIDOWED		DIVORCED	LA	10-13-49		lost bit	thday) N	lonths Doys		Min.
	100	LISTIAL OCCUPATION	(Give kind of work done		KIND OF BUS		<u>' </u>	11. BIRTHPLACE (Cou	nh, 9 State	16	yrs.	12. CITIZEN	OE WHAT	
		ng most of working			INDUSTRY	and the same of th	-1				1117)	COUNTRY	/?	
	12	Student FATHER'S NAME		171	6H-	TCHO	04	Washingt	on, I). C.		Ameri	can	
	13.													
		James I	Humphrey,	Sr.				Hyman,	Ann	Mary				
	15. (Yes	was Deceased EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	SOCIAL SEC	URITY NO.	1	FORMANY			Address		1-	
		No	No			-	100	Mes I. Hui	HPHHE	y 5 r.	201	14 23	12	
			ATH (Enter only one co H WAS CAUSED BY:	use per line f	or (a), (b), or	nd (ε))		1'4. I	7	4.	1		NTERVAL BET INSET AND D	
		FAKI I DEAL	IMMEDIATE CAUSE	(o)	Ca, of	test	icle	(LIIK-69)	184	a romo			6 moi	TAS
	ı	_ / / ! X	= 00	TO										
		Conditions, if ony, rise to immediate	e rouse (n)	(b)										
		stoting the under		10										
		lost.	,	(c)										
	×	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH E	BUT NOT REL	ATED TO T	HE TERMINAL DISEASE	CONDITIO	N GIVEN IN PAR	T 1(o)	[19	9. WAS AUT PERFORM	OPSY ED?
4	N.													NO 💽
	E	20g. ACCIDENT WAS		20b. I	DESCRIBE HOV	W INJURY O	CCURRED. (Enter noture of injury	in Port I	or Port II of ite	m 1B.)			
	Ű		CAUSE OF DEATH MEDICAL EXAMINER)											
	MEDICAL CERTIFICATION		IRY Month, Day, Year	1	INJURY OCCU			E OF INJURY (Home, f		20f (City or	town)	(County)		Stote)
	M.E.	Hour a.n	10	Whi of w		While	10010	ry, street, office bldg , e	efc.)		,			
		21. I certif	fy that (I) (this ho				fram	May	1966	- to 10	12	, 1954,	that (I) f	we) last
			eceased alive on_		1	966	and that	deoth occurred				d on the do	ate state	d above.
		220. SIGNATURE			///		7	ATTENDING	MED.	er	ACE	22b DATE SIC	SNED	
	- 1		Lecon	Rich	00	Series of the se	Q.M	. PHYS. ∫≥	DIREC	TOR P	AFF IYS.	10/2	2/66	
,		22c. PHYSICIAN'S			0	, 1		22d ADDRESS	,	1/ 3	1 0	10.	1/	/
		NAME (Type)	G. Len	2049	Oc	d	<u> </u>	8641 Co	lesvi	lle K	d. S/	· Sprin	19 no	L.
	230	BURIAL, CREMATIC	N, 23b DAPE TH		23c. NA	ME OF CEME	TERY OR C	REMATORY	2:	3d LOCATION (City or Town)	(Coun	ty) (S	tote)
	K	TEMOYAL (Spenity	10/5/	1/966	677	TE OF	1721	1355N C.C.	9 5	LYER	SPRIN			70
1	24	FUNERAL DIRECTO	Rilaman	, 7	A	DDRESS	· ·	25o. R	EC'D BY R	EGISTR AR		TRAR'S SIGNAT		42
(0)	6	J.W.C.	111/10011	2 200	2/14	ピルシ	FRING	DATE	nnt	5 19	56 %	Maril	D June	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then the page remove carbon papers. Pages J and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer de-th. VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #2c OF DEATH CERTIFICATE 14382 deoth. low requires that the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH p. COUNTY a. STATE **L** COUNTY Montgomery MARYLAND Maryland. Maryland Montgomery
c CITY OR TOWN (if autside carporate limits, write RURAL ond give negrest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town) Silver Spring Prookeville Olney 238 Days completely filled in popers hin 72 ho d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Montgomery General Hospital 901/Acc614/Ave NO 🔂 3. NAME OF Middle Lost 4 DATE DECEASED (Type or print) Elizabeth DEATH Louise Hutton 9. AGE (in year S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthagy Manths Days Hours WIDOWED **OIVORCED** Female White 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of warking life, even fretred)

Retired School Teacher COUNTRY? INDUSTRY Maryland
14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME or remov William B. Miller 1 Elizah Hopkins 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no ar unknown) (If yes give wor ar dotes of service) Mr. Josiah Hutton Brookeville, Md. cremation, INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. the tronsit IMMEDIATE CAUSE (o) signed by **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be refained by the hospital or attending physician. DUF TO burial t ISCAS Canditians, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a ACC DENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy Year Hour a.m. factory, street, office bldg., etc.) Not While at wark 1947, ta 19 66 that (1) (we) last 21. 1 certify that (I) (this hospital) attended the deceased from. 19 6, and that death accurred at 9:15 M, fram causes and on the date stated above sow the deceosed alive on 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard A. Yates Olney, Md. 23d. LOCATION (City or Town) 23a BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) -REMOVAL (Specify) 10-3-66 St. Johns Olney. Maryland ADDRESS 2Sq. REC'D BY REGISTRAR ,2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR uciayez VR A15 (4) 20 M 1/66 Francis H. Parber Laytonsville. Md. OATE

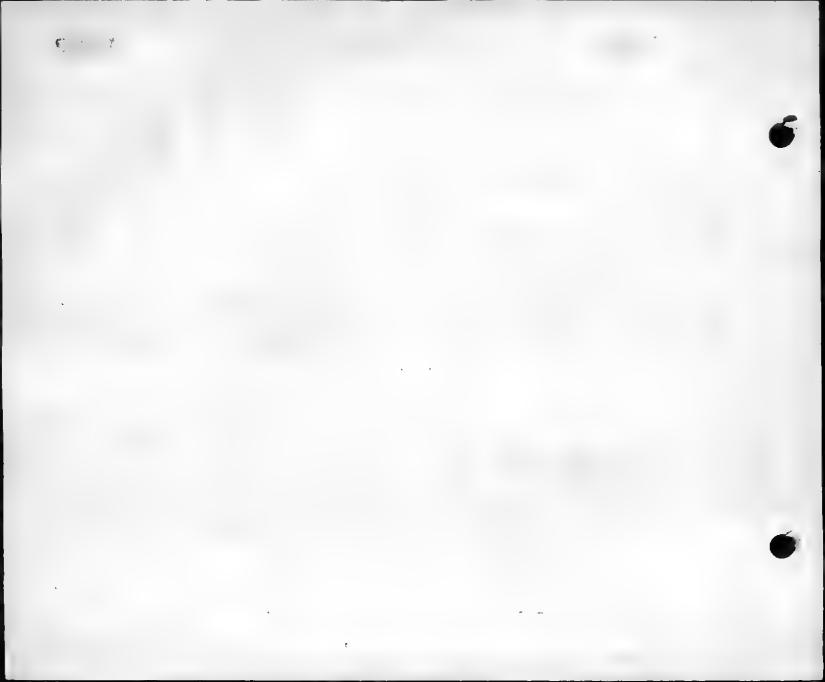
MARYLAND STATE DEPARTMENT OF HEALTH

. .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death funeral PLACE OF DEATH a. COUNTY by the MARYLAND b. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ti director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at c. LENGT OF STAY IN 1b SILVER SPRING d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS NAME OF 3. Middle DECEASED (Type or print) 12 6. COLOR DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE during most of working life, even if retired) INDUSTRY reficate 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes pive war or dates of service) requires that the dealth CAUSE OF DEATH [Enter only one cause per Une for (a) PART I. DEATH WAS CAUSED BY: LENYSIEMN: The law requires that the the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While at work Page 4 may be retained by p.m. 19 at work 21. I certify that (i) (this hospital) attended the deceased from 9A 1966 and that death occurred at saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. MED. M.D. DIRECTOR 22d. ADDRESS 22c. NAME (Type) 23C NAME OF CENTIFIED OR CREMATORY 23a. BURIAL, CREMATION. 23b, DATE THEREOF REMOVAL (Specify)

USUAL RESIDANCE (Where deceased lived, If institution; Residence before admission) **b/county** c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO 1 Year Month OF DEATH 19 AGE (In years IF UNDER 1 YEAR dast birthday) Months I Days IF UNDER 24 HRS 9. Months Hours Days (ci 12. CITIZEN OF WHAT (County & State, or foreign country) COUNTRY? Address . TERVAL BETWEEN INSET AND DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO L YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18. (State) 20f. (City or town) (County) 1962 to 19**6 6** that (I) (we) last from the causes and on the date stated above. DATE SIGNED LOCATION (City, town or county) /State us, Jama c 24. **EUGERAL DIRECTOR** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE le, DATE

VR A15 (4) 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14384 CERTIFICATE OF DEATH death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY COUNTY MARYLAND Pages b CITY OR TOWN (If outs de comporate limits C LENGTH OF STAY IN 16 , and in any event, within 72 hours at write RURAL one give nearest Jown) d. NAME OF HOSPITAL ORANSTITUTION (If not in hospital, give street address) papers. d. STREET ADDRESS NAME OF remove carbon Middle 4. DATE Month DECEASED OF DEATH Type or print) S. SEX IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years Months Jost birthdoy) DIVORCED WIDOWED 100 LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) dur namost of working life, even frefred) INDUSTRY 13 FATHER S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN L. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no_orunknown) (If yes give wor or dotes of service) burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO as the stoting the underlying couse ast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION State Dept. af Health ā 200. ACC, DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg . etc.) Not While ot work Nauch 21. I certify that (I) (this haspital) attended the deceased from director, page 3 shauld should be filed with the M, from couses and on the date stated above. saw the deceased olive an **L** and that death accurred at 22o, SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23b DATE THEREOF 23s. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL CREMATION 23d 10-10-66 Brooker Grove Church Levtonsv

O FUNERAL DIRECTOR: After this certificate Page 4 may

24_FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

.⊑

filled

campletely

signed by

has

attending

be retained by the hospital or

ADDRESS Rockville, Ma . 2So REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE 2Sb.

B IS RESIDENCE ON A FARM?

YES IN NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(State)

(Stote)

YES 🔀

(County)

22b. DATE SIGNED

(County)

Year

IF UNDER 24 HRS

Day

Doys

12. CIT ZEN OF WHAT

COUNTRY?



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14385

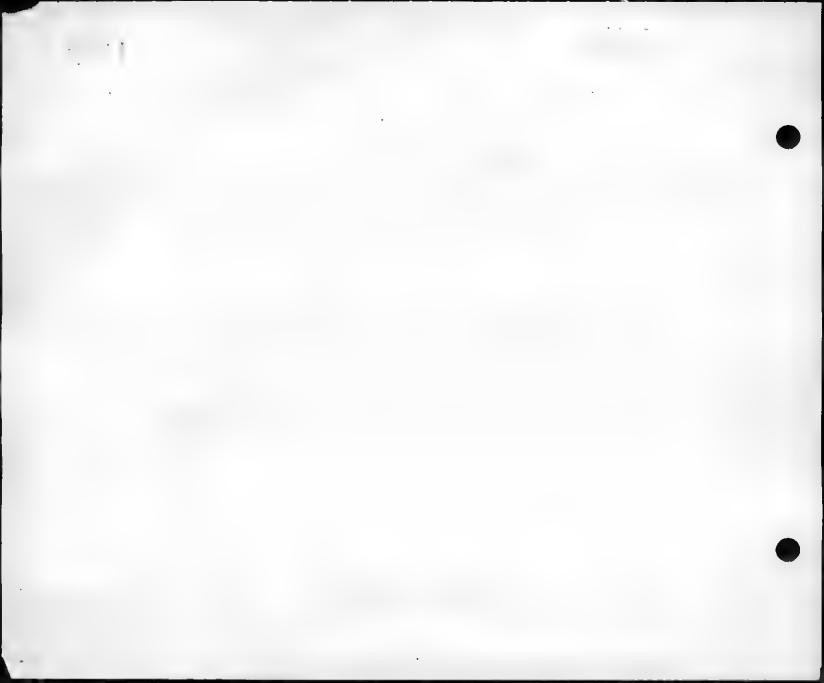
CERTIFICATE OF DEATH

14385

					# - O O ()
	PLACE OF DEATH			Where deceased lived, if institution	
	a. COUNTY Mart	MARYLAND	o. STATE	b. COUNT	,
	Montgomery b CITY OR TOWN (If autside carporate limits)	c. LENGTH OF STAY IN 16	C CITY OR TOWN (If 6)	itside corparate limits, write RURA	Land give nearest town)
~	b CITY OR TOWN (If autyride carparate limits) write RURAL and give nearest town)	5 weeks	, ,		
	NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e IS RESIDENCE
	· · · · · · · · · · · · · · · · · · ·		18	11	ON A FARM?
	Ashington SanitaRIL	m & HOSpital	13299 Sud		YES NO
	NAME OF Ferst DECEASED (Type or print) MAGE	Middle Elizabeth	Lost	4. DATE Manth OF DEATH	Day Year
	77.7	ARRIED NEVER MARRIED	8. DATE OF BIRTH	0.031111	IF UNDER 1 YEAR IF UNDER 24 HRS
F	_ / /	DOWED DIVORCED	2/13/01	lost birthday)	Months Days Hours Min.
10o duri	. USUAL OCCUPATION (G ve kind of work dane ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
	flousewife		Penna.		21.5
	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
E	dward Jackson		Anna L	AWSON	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17.	INFORMANT W. S.	- 11	5
(16	(If yes give war ar dates af servi		/ /		Koma Park My
	18. CAUSE OF DEATH (Enter only one cause per		P. Herry	Coras -0	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	11-10,00,000	y regione	Cerner , L	ONSET AND DEATH
	, 7 IMMEDIATE CAUSE (a)	Neppored Con	und and	alg	Unknown
	Canditions, if any, which gave)	60			amaron
	rise to immediate cause (a)				
	stating the underlying cause \ DUL 10				
	last. (c)				
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?
AIR	Chrone Conget	in tartine			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part 1 or Part II of item 18.)	
E	OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTLEY MEDICAL EXAMINER)			· ·	
MEDICAL	20c. TIME OF INJURY Month Day, Year	20d INJURY OCCURRED 20e PL/	ACE OF INJURY (Home, form	p. 20f. (City or town)	(County) (Stote)
Ę.	Hour a.m	While Not While fac	tory, street, office bldg., etc.) and the same of	()
	p.m. 19	at work at work		10/// 1/2/10	10 fr 11 11 11 11 11 11 11 11 11 11 11 11 11
	21. 1 certify that (I) (this hospital	, attended the deceased from_	Side of the second of	19 66 to 10/15	, 19 <u>.6</u> 6, thot (I) (we) last nd on the date stated above
	saw the deceased olive on 10	y y ond the	or deoth occurred at	A: (1) H M, Irom (duses o	
	220 SIGNATURE	0.	ATTENDING	MED. STAFF	22b. DATE SIGNED
		aliseo M	.D. PHYS	DIRECTOR L PHYS. L	Oct 15, 1966
	MAME (Type) USSE//CL	Oralino mD	1429 U	neversity Ble	ode. St. ml.
23c	BURIAL, CREMATION. 23b. DATE IMPREOF	23c NAME OF CEMETERY OR	CREMATORY,	23d. LOCATION (City or Town	n) (County), (State)
E	SEMOVAL (Special) Pot 18. 14	56	PHILL For	M.CLELLANDTAKE	V. Fautto G (Tom
24	. FUNERAL DIRECTOR	ADDRES	25a. REC'		ISTRAR'S AGNATURE
2.1	1 Athen Allen	25/1 Para 11 14 1	R/AI	OCT 18 1966	Ochanie Quesa
1	MALICUR HORAVIA	ST CENTRIES 1	DATE	OOL TO MOO	The state of the s

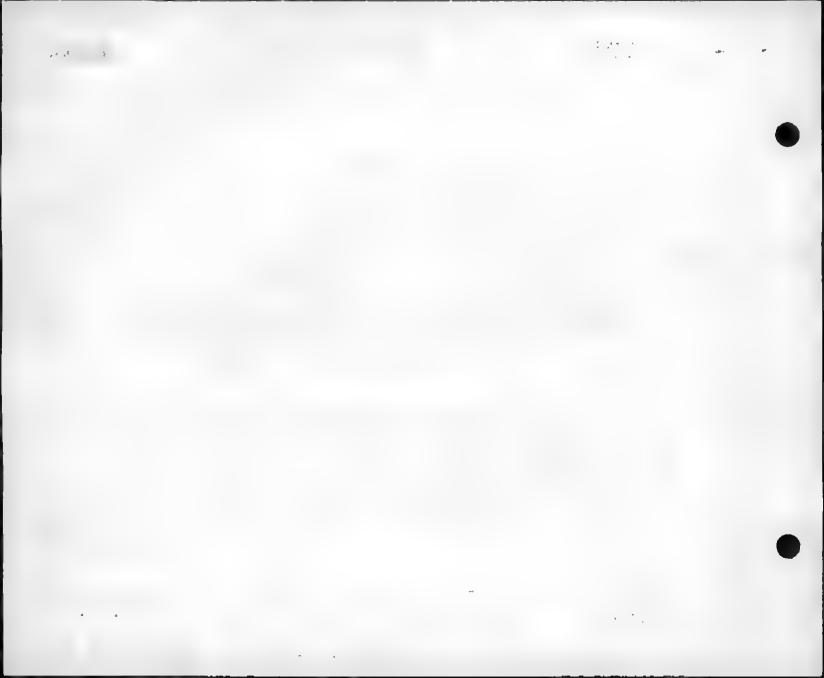
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by such and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pages remaye carban papers. Pages 1 and 2 should be filled with the State Dept. af Health priar to burial, crematian, or remayar, an I in any event, within 72 haurs after I eath Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		\	DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOT W. TRESTON STREET, DARTHMORE, MARTERIO 21201	
-	2.11		14386 CERTIFICATE OF DEATH	386
to:	2 2 B	1.	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before	re odmission)
P	a 0 6	$\backslash $	O COUNTY MONITEDAMEN MARYLAND O. STATE MARYLAND 6 COUNTY PRINCE	Gardes
Įį.	y the funeral Pages 1 and urs offeraged	1	b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare	- 101/1
0 0	# gg 52		write RURAL and give nearest town)	21 101111
Jino	by Pour		31/VER SPRING GREENBELT 1.	* >
÷	2 h	0	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
the death certificate be executed within 24 hours after death	filled in by the papers. Pag	¥ _	Holy Cross Hosp. of S. Iven Spring 850501 Glandale Rd	YES NO
#	carban ent, witl	3	NAME OF First Middle Lost 4. DATE Month Do	,
7	campletely ove carban y event, wi		(Type or point) MATHEW VOJER UDAN) DEATH UCYOBER 12	19 6
Ute	e e i	3	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF NDER YEAR lost birthdoy) Months Dgys	
×ec	and camprements of the compression of the compressi		M White WIDOWED DIVORCED Oct. 10, 1966 Vis WIGHTS DIVORCED	14 6
Ф	and co remo		100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CHT ZEN O	
e D	cran ease and i	dt.	Buring most of working life, even if retured) INDUSTRY MONTGOMERY. AC	4.5
cot	S S S	10	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
E	Jing physician of Then please remaval and ir	9/		
9	만든 때	19	15. WAS DECEASED EVER IN L. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address	
===	ar re	0	N	
de	erm n, c	L	Tes, no, or unknown) (it yes give wor or does of service) Joseph Ross Johns SAME A.	
‡	by the attending transit permit. Th crematian, ar rem	$-\Gamma$	12. Chase of State (time state of the tops for the top (s), (s), shall (s)	TERVAL BETWEEN NSET AND DEATH
that	isi w		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Subrackaneal klomolikage OI	TOCI AND DEATH
# 5	signed by the burial-transit burial, cremal		1600 DUE 10	
requires n physici	signed burial-t burial,		Conditions, if any, which gave) (b) in a newborn infant	
aba h			rise to immediate couse (a), Stating the underlying couse DUE TO	
≥ .5	the series		lost. (t)	
D	ficate has been far use as the Health prior ta		DART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PETATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART I(a)	. WAS AUTOPSY
FF #	th se	7 NO.	The state of the s	PERFORMED? YES NO
÷ ë	e cie	CERTIFICATION	ON ACCIDENT MAKE INDICATION OF THE ACCIDENT MAKE INSIDE OCCUPANTS (February of Science in October 11 of Science 12)	7ES NO
S S	of the parties of the	E	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) CONTRIBUTING CAUSE OF DEATH	
25.5	to bed of	2	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
F	is tac	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour o.m. 20f. (City or town) (County)	(Stote)
<u>ල</u> ද්	e de	×	p.m. · · glwork - orwork -	
<u>₹</u> 3	2 42 42 52		21. I certify that (1) (this hospital) attended the deceased fram . Oct. 10 , 19 6c, ta Oct. 12 , 19 6c, t	hat (I) (we) las
ATTEND	골목		saw the deceased alive an Oct. 12 19.66, and that death occurred at 1.30AM, from causes and on the da	ite stated abave
	2		22b. DATE SIG	
OR ATTEN	DIRECTOR: A Je 3 should led with the			2,1866
			22CPHYSICIAN'S 22d. ADDRESS	7 100
ITA	RAL DIR page 3 be filed		NAME (Type) FRANK Neuberger 1110 Spring Street Silver	SPILLA
O HOSPITAL	- <u> </u>	200		(state)
H	direct shaul	23	236. BIRIAL CREMATION, BENOT 10/17/66 234 NAME OF CEMETERY OR CREMATORY Silver Spring, Country Spring, C	t) (2:01e)
20	۔ 22 م	1	, and the same of	IPF
	VR A15 (4)	J.	24THINERAL DIRECTOR CELEBRATE ADDRESS 1 COCKVILLE 28 INK BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ROCKVILLE. Md. DATE OCT 18 1966 Policyle	
	20 M 1/66	10	ROCKVILLE FIG DATE OF 1 1 X 1966 VOONES	1 March



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attaindings by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 4387 4387

8. COUNTY MONTE CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Silver Spring O. LENGTH OF STAY IN 15 Silver Spring O. LAME OF HOSPITAL (OR INSTITUTION) (if not in hospital, give street address) 11912 New Hampshire Ave. 11912 New Hampshire A	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Monte de la composite l'imits. b. CITY OF 10WN (if outside corporate limits.) b. CITY OF 10WN (if outside corporate limits.) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 11912 New Hampshire Ave. 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 11912 New Hampshire Ave. 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 11912 New Hampshire Ave. 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital) give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street eddress) 3. NAME OF HOSPITAL OR INSTITUTION (if not in bospital) give street eddress) 4. DATE OF BIRTH 1. DATE Month 1. DATE OF BIRTH 1. DATE MONTH 1. DATE MONTH	e. COUNTY	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 11912 New Hampshire Ave. 11914 No. Natter Death Valie Invocation April No.	Montgomery Maryland	Maryland Montgomery
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 11912 New Hampshire Ave. 11914 No. Natter Death Valie Invocation April No.	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c.	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 11912 New Hampshire Are. 11914 New Hampshire Are. 1106 Notwich Are Hamp	Silver Spring 5 7%	Silver Spring
11912 New Hampshire Ave. 11912 New Hampshire Ave. ON A FARM?		I. STREET ADDRESS 6. IS RESIDENCE
3. NAME OF DECREASED (Type or print) S. SEX S. COLOR ORNACE 7. MARRIED NOVER MARRIED		
Sex G. COLOR ONLYAGE T. MARRIED NEVER MARRIED S. DATE OF BIRTH D. DIVORCED	3. NAME OF FOURTH FIRST MANAGEMENT AND MIDDLE PROPERTY OF THE	
S. SEX S. COLOR ON/RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. Last Birthday Months Days Hours Min.		OF.
M WIDOWED DIVORCED APTI 8, 1894 72 yrs. Months bays Hours Min. 103. USUAL DCCUPATION (Give kind of work done) during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA 13. FATHER'S NAME	5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8.	DATE OF BIRTH 19. AGE (In years I IF UNDER 1 YEAR IIF UNDER 24 MRS.)
SUSUAL DOCUMPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12c. Critic No WHAT Country & State, or foreign country 12c. Critic No WHAT COUNTRY? 13c. FATHER'S NAME 14c. MOTHER'S MAIDEN NAME 14d. MOTHER'S MAIDEN NAME 15d. MAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16c. SOCIAL SECURITY NO. 17c. INFORMANT 17c. Address 17c. Add		April 8, 1891 72 West Months Days Hours Min.
Carpentor Construction Md. Country	10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME James E. Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes givewar or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Helen Doheny Silver Spring, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: ONE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART III. AMA GIVEN CONDITION GIVEN IN PART II. PART III.	during most of working life, even if retired) INDUSTRY	COUNTRY?
James E. Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 212-11-5308		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 212-11-5308		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter gature of injury in Part 1 of Part II of Item 18.) 21. I certify that (i) (this hospital) attended the deceased from 1960, and that death occurred at A.M., from the causes and on the date stated above.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter gature of injury in Part 1 of Part II of Item 18.) 21. I certify that (i) (this hospital) attended the deceased from 1960, and that death occurred at A.M., from the causes and on the date stated above.	15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INF (Yes, no, or unknwn) (If yes give war or dates of service)	FORMANT Address
PART I. DEATH WAS CAUSED BY: DUE TO	no 212-14-5308 Hel	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 21. I certify that (i) (this hospital) attended the deceased from 1960, and that death occurred at A.M., from the causes and on the date stated above.		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERRYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.) While at work at work and that death occurred at M. M, from the causes and on the date stated above.	PART I. DEATH WAS CAUSED BY:	nt +31/120 24-48ha
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter gature of injury in Part 1 of Item 18.) While Not While at work factory, street, office bidg., etc.) 21. I certify that (i) (this hospital) attended the deceased from 1966, and that death occurred at 187 M, from the causes and on the date stated above.		1 1 d C 6264
gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter gature of injury in Part I of Part II of Item 18.) While Not While at work A twork A two	Conditions if any which \	to 12 /2 (24/12/12/ 2-3 Mrs.
Underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter gature of Injury M Part I of Part II of Item 18.) COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.) While at work at work 19 CO, to 13 CT 19 CO, that (I) (we) last saw the deceased alive on 19 CO, and that death occurred at 18 M, from the causes and on the date stated above.	gave rise to immediate	17641039440778 1944 970 4811
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? VES NO 2 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter gature of Injury M Part I of Item 18.) TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.) While at work at work 19 and that death occurred at M. M. from the causes and on the date stated above.	coase (a), stating the	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (County) (State) 20f. (City or town) (County) (
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (State) 20f. (City or town) 20f.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	D TOTHETERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 119. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (State) 20f. (City or town) 20f.	15 Generalzed authoritis, Prastatie	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (County) (State) 20f. (City or town) (County) (20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter gature of injury in Part I of Part II of Item 18.)
21. I certify that (i) (this hospital) attended the deceased from		_
21. I certify that (i) (this hospital) attended the deceased from	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
21. I certify that (i) (this hospital) attended the deceased from	Hour e.m. While Not While	of certomospices,
saw the deceased alive on 1300 1966, and that death occurred at 11 A. M., from the causes and on the date stated above.		10 CO to 13 (7) 18 66 that (1) (wal last
	21. I certify that (i) this hospital) attended the deceased from 10 card that de	
	22a. SIGNATURE	eath occurred at 22 Av., from the causes and on the date stated above.
ATTENDING MED. D STAFF D Oct 13 1966		ATTENDING MED. STAFF DOCT 13 1966
22c. PHYSICIAN'S NAME (Type) Ernest E. Harmon 22d. ADDRESS 9301 Colesville Road Silver Spring,	NAME (Type) Transact E Harmon	9301 Colesville Road Silver Spring,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Purial 10-17-66	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	R CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 10-17-66 Mt. Carmel	Sunshine, Md.
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis H. Parber Laytonsville, Md. DATE OCT 18 1966 Scharles Judge	Francis H. Parber Laytonsville, Md.	DATE OCT 18 1966 Scharles Judge

.", " p 19 47.64 .

IO MOSFITAL OR MITENBING MHYSICIAN: The law requirem that the death mertifical be executed witHin 24 hours after death. Page 4 may be retained by the hospital or attemding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and any event, within 72 hours after death.

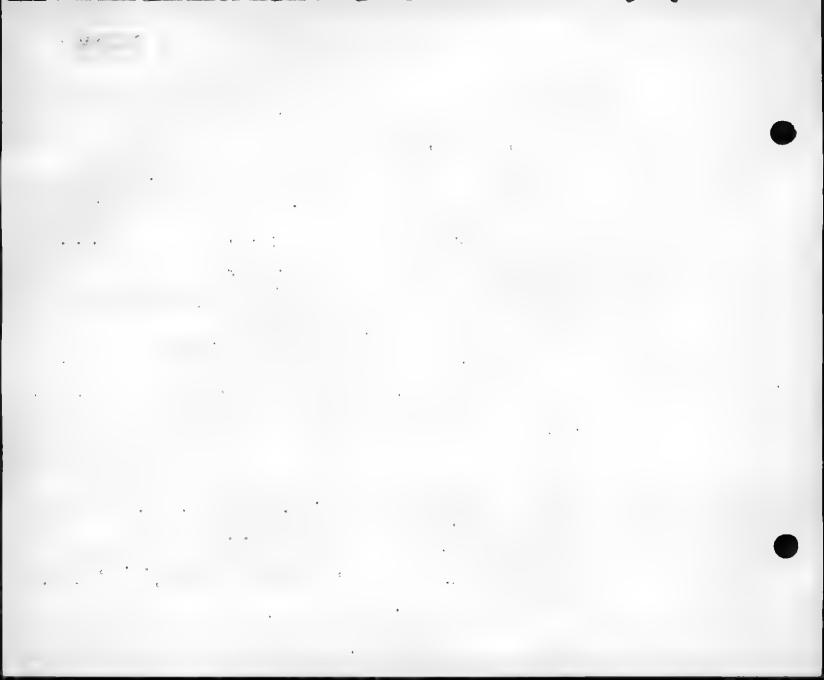
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

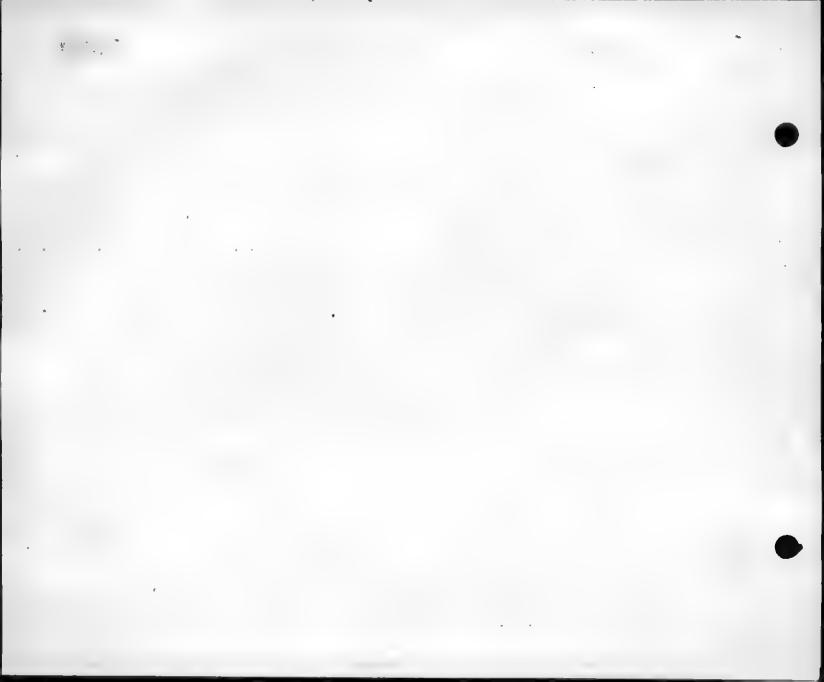
CERTIFICATE OF BEATH

			CEKITIC	AL	E UF DEATH			430		/
1. PLACE OF DEAT a. COUNTY	Н				2. USUAL RESIDENC	E (Where dec			idence before ad	lmissien)
	ontgomery		MARYLA	ND	a. STATE Pen	nsylva	nia b. coun	IY		
	VN (if outside corpora and give nearest to	te limits,	c. LENGTH OF STAY II		c. CITY DR TOWN (If			te RURAL a	nd give neares	t town)
	ethesda	rtij	24 days		Chambersb	מינו				
d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in h	ospital, give street add	ress)	d. STREET ADDRESS	W. B.	-		e. IS RES	IDENCE
	cal Center,	Bethe	sda, Marylan	d	120 Ramsey	Avenu	e		YES T	NO X
3. NAME OF DECEASED	F	rst	Middle		Last	4. DATE	Month		Day Yea	ar
(Type or print)	_ I	ra	Samuel		Johnson	HTASO	Octobe	ין	22 196	56
5. SEX	6. COLOR OR RACE	7. MARRIED	X NEVER MARRIED		B. DATE OF BIRTH	9,	AGE (In years last birthday)	IFTINDER 15	YEAR IF UNDER	24 HRS.
Male	White	WIDOWED	DIVORCED	7/2	7 December	1928	37 yrs.	Months U	lays Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. K	IND DF BUSINESS OR		11. BIRTHPLACE (Co	ounty & State,		12. CIT	IZEN OF WHAT	
Draftsm			ngineering		Pennsylva	enie			INTRY?	
13. FATHER'S NAM		, 201	-Danio ya ang		14. MOTHER'S MAID	EN NAME	····	, , ,		
Clarence	e Johnson				Helen Wi	007				
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SDCIAL SECURITY ND.	17.	INFORMANT The M	261	Addres:	S		
Yes, no, or unkown)	1950-1952		52-22-6305						San Caree	
			ine for (a), (b), and (c).		e Clinical	center	betnest	THE MA	INTERVAL DE	TWEEN
	EATH WAS CAUSED BY	: Moc	ssive Esopha		1 Hemorrhag	0			ONSET AND I	DEATH
1 41 -	IMMEDIATE CAUSE	(5)	POTAC DOODIIG	Rec	T Henot Has		ophagus		T. HOUL	
Conditions, If	DUE		tastatic mal	3 000	ant Malanam				2 Mant	t h a
gave rise to	Immediate /	,,	cascacic mar	TRI	anc Metanom	a Iliva	GTUR/		2 Mont	7/1S
cause (a), s			24.24	al.	N. 7				0.77	
underlying cau		(c) Prin	nary Maligna JTINGTO DEATH BUT NOT	DELA	Melanoma of	SKIN	In the Ti	norax	3 Year	
ATI COLON			TIME TO DEATH BUT NOT	KELM	TED TO THE TEXAMINAL D	13ENSE CONE	THOM GIVEN IN F	WR 1 7(0)	PERFOR	MED?
E 200 ACCIDENT	Thrombocy to		DECORAGE MON THURS	00011	DDCD (Catanasia) of	Jalana ta Da	4 1 4 7 7 4 17 4	I Idama di Di b	YES X	ND 🗌
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT OR CHARLER, NO	ING CAUSE OF DEA TIFY MEDICAL EXAMI	TH 200. I	DESCRIBE HOW INJURY	UCCU	KRED. (Enter nature of	injury in Pa	rt I or Part II of	(tem 18.)		
	INJURY Month, Day,	Year 20d. II	NJURY OCCURRED 200	. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(Coun	ty) (S	itate)
20c. TIME DE Hour a.		While	Not While	facto	ry, street, office bldg., et	tc.)		,-		
	m. 19	at worl			OC Cont	166 1.	22 Ant	2066	11 116 6.	
		22 Oct	ed the deceased from	n	o sepu. , IS	1_00, to_	KK UCL.	, 19QQ_	_, that us (w	/e) last
22a. SIGNATU	ceased alive on	~~ <u>~</u> ~ .	19 00 , and	tnat		.•∠.zw, tro	in the causes a		E SIGNED	anove.
- A	eron	Les	0		ATTENDING - M	VIED.	STAFF IVI			
22c. PHYSICI		/		M.D		DIRECTOR L	PHYS. A	10/23	/bb	- 7
NAME (T	ype) Leroy F	ass. MI) -		Institute	ne off	nical Cer ealth. B	nter,	na cions	31
23a. BURIAL, CREI			23c. NAME OF CEM	FTERY			CATION (City, 10)			ate)
REMOVAL (Sp	AATION, 23b. DATE ecify)	26/66			• • • • • • • • • • • • • • • • • • • •				**	Pa.
24. FUNERAL DIR		20/00	ADDRESS	AFT	1 25a. REC	D BY REGIS	mbers by	GISTRAR'S	SIGNATURE	. 17
		F.H.	7557 Wisc.	Av						
			Bethesda, N	1d.	DATE U	0140	1956	May	les Judy	12-
							V		00	

VR #15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14389 and 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) 1. PLACE OF DEATH o. COUNTY o STATE Maryland Long typ mery MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Wheaton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? Holy Cross Hospital YES NOcertificate be executed within 3. NAME OF Lost completely OF DEATH DECEASED Johnson IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years lost birthday) Months Days $\overline{\mathbb{Z}}$ WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CIT ZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY U. S.A. Rochester. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar remaval, (Unknown) Morey (Unknown) IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Son Address (Yes, no, or unknown) (If yes give wor or dotes of service) Same as Item 2. W.E.Johnson Unknown NoINTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).)
PART I. DEATH WAS CAUSED BY. ONSELAND DEATH O min IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) artemelerosis 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED foctory, street, office bldg., etc) Hour o.m. Not While ot work TO FUNERAL DIRECTOR: After 21. 1 certify tha (1) (this haspital) attended the deceased fram APTII 1966 to Ort . 1966, that (We) last 1966, and that death accurred at 11-02AM, fram causes and an the date stated above saw the deceased alive an Oct 20, 22b. DATE SIGNED 22n. SIGNATURE STAFF PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S GEORGE SKENTON NAME (Type) 10829 Georgia Avenue, Silver Spring, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF (County) Rockville. Maryla nd 0-26-66 Parklawn Cemetery 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY b. COUNTY MODT. P.M.3. Page ā MARYLAND b CITY OR TOWN (floutside corporate limits, C LENGTH OF STAY IN ID c CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) and write RURA and give necres fown) Bethesda. d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street e IS RESIDENCE ON A FARM? within 72 haurs 7045 Wilson Lane pencil in Item 18. Give Pages State AEZ 📋 NO 🔀 24 haurs after death. alang with NAME OF Middle DATE First DECEASED (Type or print) DEATH with SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthdoy) Months D-VORCED event and 2 100 USUA, OCCUPAT ON Give kind of work done 10b K ND OF BUSINESS OR .2 CT ZEN OF WHAT during most of work ng life, even if refired) NDUSTRY COUNTRY? 13 FATHER'S NAME Tilme word "pending" in penal in the Chief Medical Examiner's This certificate shauld be executed within 14 MOTHER'S MAIDEN NAME Unknown Unknown 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC A. SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) remayal, Hospital records No 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY TONST AND DEATH Myocardial infarction, recent and remote ī IMMEDIATE CAUSE (o) the certificate, writing the word 4 shauld be farwarded to the Ch cremation, DUE TO Coronary arteriosclerosis Years. Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse used as burial, c PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES DC NO its designated agent, priar to 200 EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Port or Port 1) of item 1B.) 3 should PRIMARY Or CONTRIBUTING TAL EXAMINER: CALISE OF DEATH 20t TIME OF JURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. While factory, street, office bidg., etc.) FUNERAL DIRECTOR: Page Not While at work of work 21 I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [5], Inquiry X. ond in my opinion the funeral director. deoth resulted from Noturol couses X. Accident . Suicide . Homicide Undetermined manner

Health ar 50 VR A15ME (5)

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

230 BUR AL, CREMATION,

Bu REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY Ft. Lincoln

ohn D. Ball

John G. Ball, 7936

23b DATE THEREOF

11/2/66

Old Georgetown Road on Bethesda, Maryland 23d LOCATION (City of Town) (County)

Prince George Co 25b REG STRAR'S SIGNATURE Marley Judg

22. DATE SIGNED

Md.

(Stote)

24 FUNERAL DIRECTOR

yson Wheeler Funeral Home Rockville, Maryland RECD BY REGISTRAR

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

1866

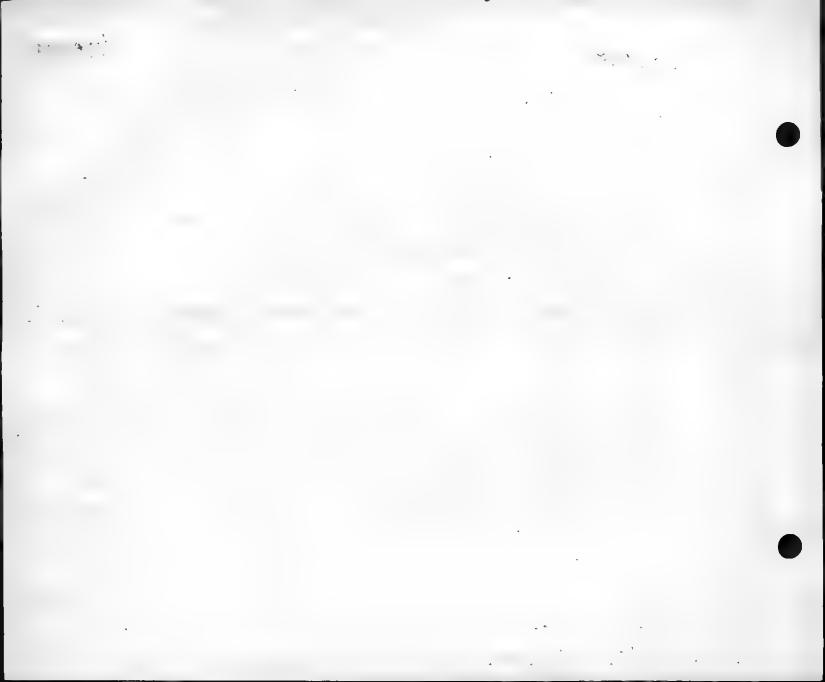


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

CERTIFICATE OF 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY Montgomery MARYLAND mon omer. signed by the attending physician and campletely filled in by the f burial-transit permit. Then please remave carbon papers. Pages CITY OR TOWN (If Jutside corporate wimits c LENGIH OF STAY IN 16 outside carporate limits, write RURAL and give nearest fown) within 72 hours d STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARN NAME OF Lost 4. DATE Manth DECEASED OF 10 (Type or print) DEATH 19 S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** t birthdoy) Months 9-10-82 and in any WIDOWED DIVORCED KIND OF BUSINESS OR INDESTREOUS TRACTION 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Suider — Re COUNTRY? Enala 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME OF-PROGVOI, mary Kay IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 0016 Dallas Ave (Yes, no, or unknown) (If yes give wor or dates of service 577-10-78829 cremotian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse the lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH ď detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour am. Not While factory, street, office bldg., etc.) While State at work at work L e 19/16 to 19/ 186 , that (I) (we) lost 21. I certify that (I) (this hospital) rattended the deceased from shauld sow the deceased olive on CIPPIS and that death occurred of rolling M, from couses and on the date stated above. 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** DIRECTOR directar, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. 23b DATE THEREOF (County) Burial (Specify) Oct. 18 966 Union Cemetery Rockville 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

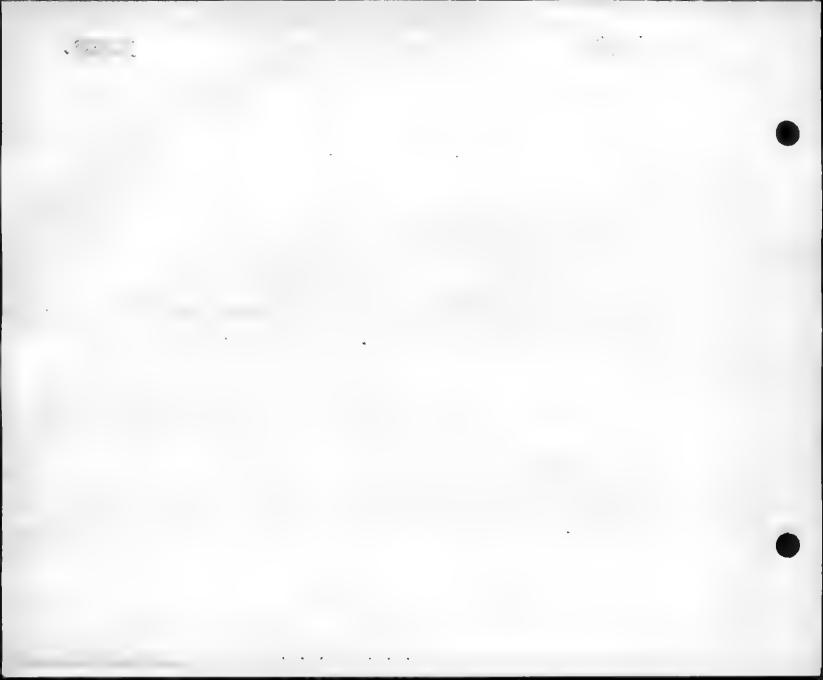
requires that the death certificate be executed within 24 hours after death has been by the haspital ar TO FUNERAL DIRECTOR: After this certificate

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

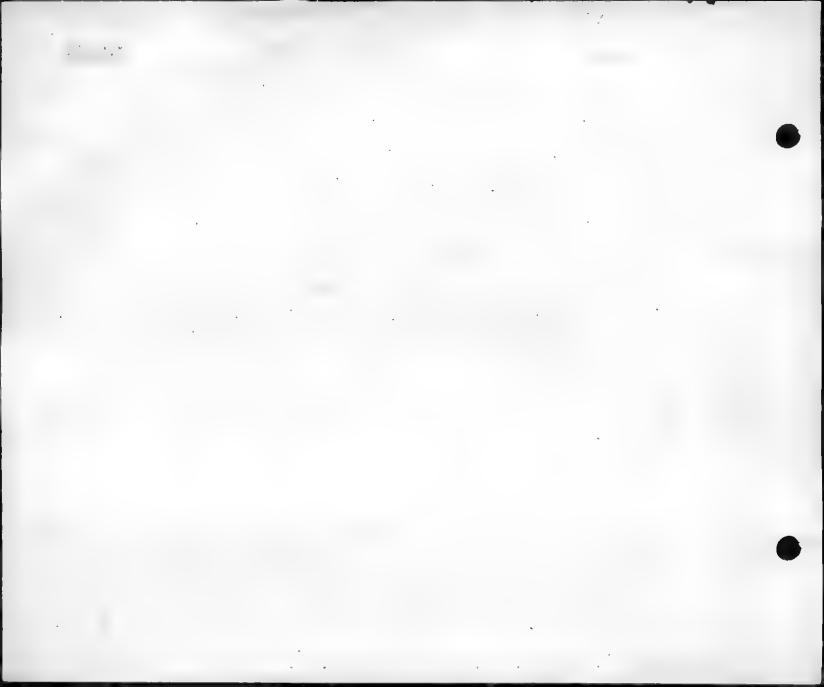
- A ==	•		1439%		CEKTIFICATE	OF DEATH		14338
death death	,	P	LACE OF DEATH	··		2 USUAL RESIDENCE (on. Residence before admission)
ir deat funeral and deat		٥	MONTGOMERI		MARYLAND	o. STATE	LAND 6. COU	ANT GOMERY
offer of the state	H	h	CITY OR TOWN (If outside corporal	e irmits.	LENGTH OF STAY IN 16		utside corporate limits, write RUI	
ours afte by the f Pages aurs afte			write RURAL and give necrest tov			1/	1	, ,
hour S. Fau	-	-	WHIT OF HOSPITA OF PICTURIO		Service delication (d STREET ADDRESS	YON	L e 15 RESIDENCE
in 24 ho illed in papers. hin 72 ho		a	NAME OF HOSPITAL OR INSTITUTIO	the not in nospitor, give s	street oddress)	d Sikeel ADDRESS	· F.	ON_A_FARM?
filled in paper thin 72	L	_/_	TOLY CROSS	1705 PitA		2710 41	71.14. 17 4 4	A (3) YES NO 12
with with			AME OF ECEASED	East /	Middle	Lost /	4 DATE Mont	1 100
ecuted with campletely f ave carban y event, wit		_ (ype or pnet) Ehiza	BETH		KERN	DEATH (1cto)	78 18 19 66
urte rmp ve o		\$ 5		CE 7. MARRIED	NEVER MARRIED B	B. DATE OF BIRTH	9. AGE (In years lost buthday)	Months Doys Hours Min
execution cample remaye any even			MALE WHITE	WIDOWED 📝	DIVORCED	8/12/90	76 YIS.	
and rem in an		100	SUAL OCCUPATION (Give kind of wor g most of working life, even if retired	k done 10b KIND C	OF BUSINESS OR	11 BIRTHPLACE (County	y & State, or foreign country)	12 CITIZEN OF WHAT
ician ician pnd i		gurn	g mostor working life, even a retired	INDUST	KI	AUSS. A		COUNTRY?
physician per please	1	13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
phy phy)	_	TAUL hE	9N		DARAK	4 Dick	
a filling		15.	WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16 SOCI	AL SECURITY NO. 17	NFORMANT) -> /	Addre	025
e death ce attending permit. The on, ar rem		(Yes	, no, oranknown) (If yes give wor at	dotes of service)	0	Pull 1-19	h 11605	-LOCKWOOD DD 53
that the death certificate be executed within 24 hours after death an. by the attending physican and completely fulled in by the funeral by the attending physican and completely fulled in by the funeral ransit permit. There please remave carbon papers. Pages 1 and remation, at remayal and in any event, within 72 haurs after death	F	Ť	18. CAUSE OF DEATH (Enter only	one couse per line for (o).	(b), ond (c))			INTERVAL BETWEEN
that the or of the part of the cansiferent cremater or			PART I DEATH WAS CAUSED & IMMEDIATE	Y. 1000001 20	TALLAN ING	IRREVERS	ABLE SHOCK	ONSET AND DEATH
라 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다			↑ ¬ V Ì	DUE TO				
uires hysici gned urial		ı	Conditions, if any, which gave }	IN SADDL	E EMBOL	US AOR	TIC BIFURE	CATTIN I DAY
phy sign bur bur		- 1	rise to immediate couse (a),	DUE TO				
ling sen to		-	stating the underlying couse lost.	6 MYOC	ARDIAL	INFARC	TION	22 DAYS
te law trendir as bee as th priar		ł	PART II OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
The att	6	CERTIFICATION						PERFORMED?
AN: or or care far u	`	Z I	20o ACCIDENT WAS UNDERLYING	20b DESCRI	RE HOW INJURY OCCURRED	Enter noture of injury in	Port I or Port II of item IB.)	
音響		ERT	OR CONTRIBUTING CAUSE OF DEAT	H	DE HOW HOOK! OLLOWING	(Eliza tratara at tripa) an		
has has cell the pt.		- 6	(IF EITHER, NOTIFY MEDICAL EXAMINE 20c TIME OF INJURY Month, Day,		Y OCCURRED 20e. PLAC	CE OF INJURY (Home, for	m. 20f. (City or town)	(County) (State)
F a state of the s		MEDICAL	Hour o.m.	While	Not While focts	ary, street, affice bldg., etc		(***)
ING by t ter ter tate			p.m.	01 MOLK		101	1966 to 18 OC	7 . 19 6 6that (1) (met la
ND PAGE 1		-	21. I certify that (I)_(th	is haspital) attended	The deceased from	t death accurred a		and an the date stated abov
ain Se sin H		-	22a. SIGNATURE	dn 10 007	17	r dediti decorred d	in, ildii cuoses	22b. DATE SIGNED
ret ret With With William		1	220. SIGNATURE	7/1-0-57	7/ M.D	ATTENDING ATT	MED STAFF DIRECTOR PHYS.	10-18-66
Ped Se Ped	- 1		22c PHYSICIANS	1700	M.L	22d ADDRESS		
May RAL Pa	1		NAME (Type) W/17 (TER EL	16002H	MD 2390 G	lenmont Circ	le, Wheaton, Mo
HOSPITA ige 4 may FUNITRAL rectar, po	F	22.0	DUDIAL CDEMATION 225 P	ATL THEOLOG	3c NAME OF CEMETERY OR	-5277-537-	23d LOCATION (City or To	own) (County) (State)
		230	BURIAL, CREMATION, REMOVAL (Specify) 10-	ATE THEREOF 2	iname of cemetery ex-	ad Cemete:	Washingt	
5	- 1	2/	FUNERAL DIRECTOR		ADDRESS 3501-		D BY REGISTRAR 25b. R	FOISTPAR'S SIGNATURE
VR A15 (4)	1			aless O. C			JCT 2 0 1966 "	Cliarles Judge
20 M 1/66		D	ernard Danzan	sky & Sons	St.IV. W. Wa	SIL. D. DAIL		11 0 0



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14393 14202

مخذ	13030	2000
nd nd set	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
r de	o. county Mant gomery	MARYLAND O. STATE WAVV and b. COUNTY Montcomery
= × €		
the sage	an write BirDAI and aus Yaaraat town	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
by the Pages ours aft	Takoma Park Hays	14hold Silver Spring
E SE	d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre	55) d. STREET ADDRESS e. IS RESIDENCE
Page 7	Washington Sanitarium+ Hosp	
E 9 E		
ely fille son pa within	3 NAME OF First Milde	
campletely pve carbo v event, w	(Type or print) NOVMAN GAM	den Kindness DEATH October 3. 1966
John Ser		ARRIED 8 DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS
P V C		voocro I 10 1 90 lost birthday) Months Doys Hours Min.
7 E.E.		
司[編]	100 JSJAL OCCUPATION (Give kind of work done durypg most of working life, even if retired)	OR D. C. 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT
5 8 2	during most of working life, even if retired) Construction	on Gov't Scotland U.S. A.
Sici Per i	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
physician len pleas aval, and	- In . I	P 11
The man	James Kindness	Georgeanna Dobb
등 . 한	15 WAS DECEASED EVER IN L. S. ARMED FORCES? (Yes, no, or unknown). (If yes give wor or dotes of service).	
in jo	None 577-07-4	1375 Hospital Records 7600 Carroll Ave.
by the attending phy Iransit permit. Then crematian, or remava	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	
at the		
ans em	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CICUTE h	Morardia Marchion 12 km
무투호	4201 DUE TO	
a in in	Conditions, if any, which gove) (b) Corpu	u occlusion
sig bu	rise to immediate couse (o), (Dur. TO	
t e c	stating the underlying couse	
or se		
icate has bee far use as th Health prior t	PART, II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED?
e ss ==	Broncho preumonica Seco. 200. ACC DENT WAS UNDERLYING 1 205 DESCRIBE HOW INJ OR CONTRIBUTING CLOSE OF DEATH OF REPUBLISHED MOTIVE CONTRIBUTING CONT	nfair anemia, Emzhesina YES 1 NO 1
for u	= 200. ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJ	URY OCCURRED. (Enter noture of injury in Port I or Port II of/teem 18.)
in the second se	OR CONTRIBUTING CAUSE OF DEATH	DAT OCCURRED EATON OF INJUST IN 1 OF 1 OF IT OF
÷ ec		
is de de	20c TIME OF INJURY Month, Doy, Year While Not While	
부용글	Hour a.m. 19 While Not While of work of work	foctory, street, office bldg , etc.)
fter Starte		ased fram July, 1854, to 3 october 1966, that (1) (we) to
d A	21. I centry that (i) (this haspital) diredded the dece	6, and that death accurred at 3.10 A.M, from causes and an the date stated above
ECTOR: / S shauld with the		
<u> </u>	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
≅ %5	Kussell B. Umald	M.D. PHYS. \(\sigma\) DIRECTOR \(\sigma\) PHYS \(\sigma\) \(\lambda\) - 3 - 66
	22c PHYSICIAN'S	1) 10 22d. ADDRESS 1106 Spring street
RAL DIR	NAME (Type) Russell B. Arnol	& M.D. Si Wer Saring, may
FUNERAL DIRE director, page 3 shauld be filed v	230. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME O	F CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
3. 2. 2. 2. 1	measured to the second	(-1)
5 2 2 B	Burial (specify) Oct. 5, 1966 Fort.	
(13)	24 FUNERAL DIRECTOR CKURE & COLINO ADDRE	SS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
R A15 (4) 0 M 1/66	Clark E. Wisor Court Sur Sil	SS Georgia Ave DATE OCT US 18 6 REGISTRAR'S SIGNATURE DAT
	Waknoh ? Dunnhhau lun	tak making Malan

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.



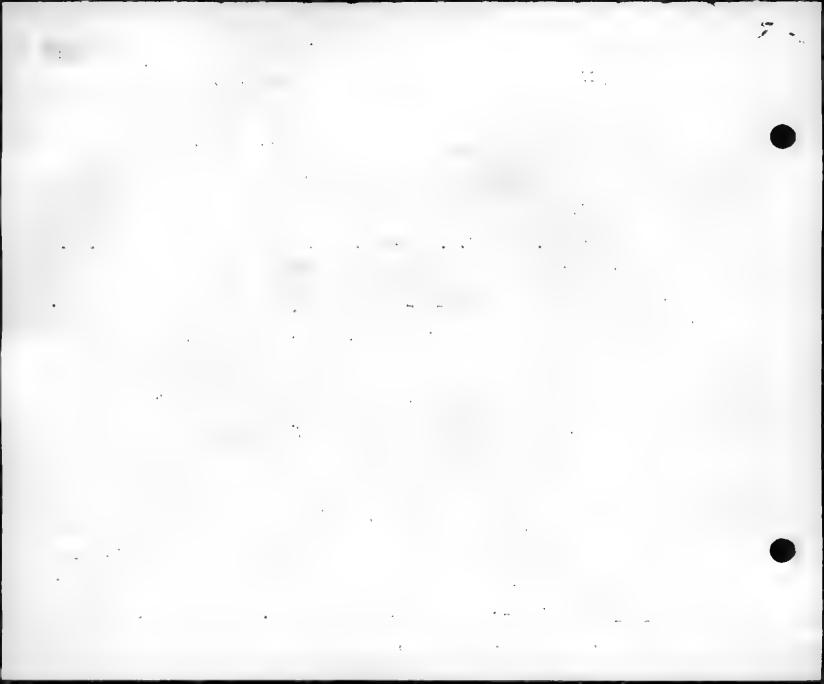
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

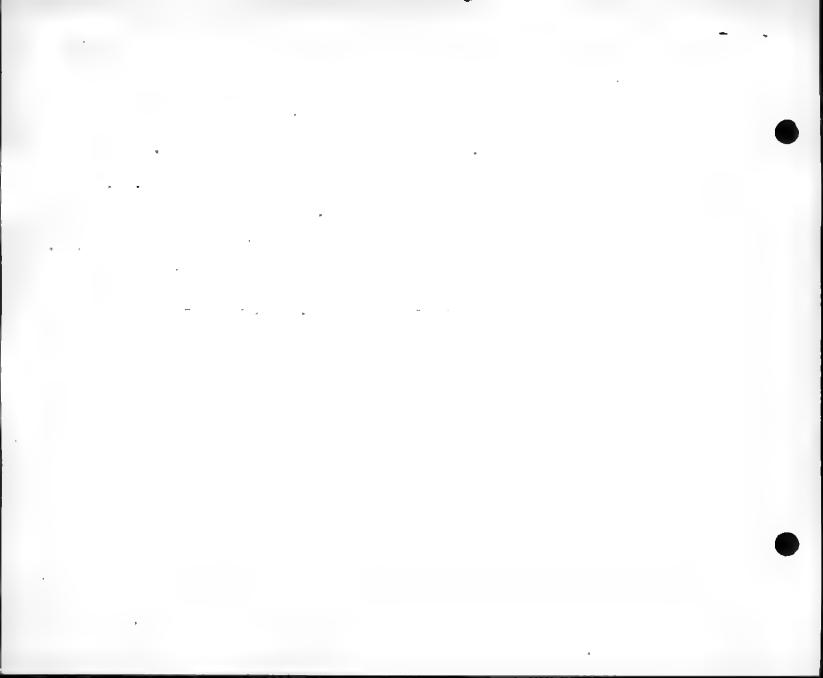
	14394		CERTIFICAT	E OF DEATH		14394
1.	* COUNTY	gomery	MARYLAND	a. STATE.	E (Where deceased lived, If Ins b. COUNTAINS	stitution: Residence before admission) TY Montgomery
	b. CITY OR TOWN (if outsic write RURAL and give n Wheaton	le corporate limits, earest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, wr	ite RURAL and give nearest town)
	d. NAME OF HOSPITAL OR I		ospital, give street address;	d. STREET ADDRESS	her Place	B. IS RESIDENCE ON A FARM?
3.		WALTER	Middle	U,DH	4. DATE Monti	h Day Year
		OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. ACE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
QUI	a. USUAL OCCUPATION (GIVE king most of working life, evi ontrolman-Eng	en (f retired) {	IND OF BUSINESS OR NDUSTRY S.Go vt-Ret.	Illinois	inty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY? U. S.
	. FATHER'S NAME Jay Bird Ki		B. GO VC-RCE	14. MOTHER'S MAIDE Sadie T	N NAME	0.0.
- (Y	i. WAS DECEASED EVER IN U.S es, no, or unkown) (If yes eive v Yes WW I	. ARMED FORCES? 16.		INFORMANT Wife	k Same	as Item 2.
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS O IMMEDIA		(1 VOCAL)	IAL INFAK	COTON MASSI	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which		ORONARY A	HATERY DI	SEASE ANGI.	UH VEARS
2"	cause (a), stating the underlying cause last.	DUE TO	44 PER TENS		USCURACTIS	4
CERTIFICATION	PART II. OTHER SIGNIFICAN	E CIR	RHUSIS LI	VAR DISSA	SEASE CONDITION GIVEN IN	YES NO Z
	20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDIC	RLYINC 20b. SE OF DEATH CAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II o	of Item 18.)
MEDICAL	20c. TIME OF INJURY MO Hour a.m. p.m.	onth, Day, Year 20d. While 19 at wor	Not While fact	ACE OF INJURY (Home, far ory, street, office bldg., etc		(County) (State)
	21. I certify that (I) saw the deceased ali	/ 1/1//	ed the deceased from	ot death occurred at/C		, 1966, that (I) (we) last and on the date stated above.
	22a. SICNATURE	hals In	2W// M	D. ATTENDING Z	IED. STAFF PHYS.	22b. DATE SIGNED 1016-66
	22c. PHYSICIAN'S NAME (Type)	HARLES FAR	WELL	22d. ADDRESS		ryland
23	0-19-66	0-19-66	Arlington	Natl Cem.		, Virginia
-	DBERT A. PUM	PHREY, Bet	ADDRESS chesda, Mary			Miarles Judes

melarle

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14395 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b COUNTY Montgomery o COUNTY Page Montgomery Mary land 7 MARYLAND delay b CITY OR TOWN (I outside corporate limits, c LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate imits, write RJRAL and give nearest town) write RURA ond give neorest town)
Bethesda 30 Years Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? hours 4600 Highland Ave. 4600 Highland Ave. State YES NO DE This certificate should be executed within 24 hours after death 3 NAME OF Middle 4 DATE F rst DECEASED **JAMES** Oct. Within (Type or print) JOHN KLAK DEATH 1966 with 1 S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH birthdoy) Male White Dec. 17,1900 D VORCED WIDOWED 10o USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b KIND OF BUSINESS OR 2 CIT ZEN OF WHAT during most of working fe, even if retired) Legal COUNTRY? Wisconsin Lawyer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ignace Klak Frances Tomkowiak IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service WWI & WWII or removal. 577-48-3967 Ruth H. Klak - Wife - Same Item #2 Yes 18. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' used os a burial-tra burial, cremation, a DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 NO SK 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 181) PRIMARY Or CONTRIBUTING DICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or Town) (County) (Stote) Hour o.m. Not While foctory, street, office bidg , etc.) may be retained for your FUNERAL DIRECTOR: Poge the funeral director. Page at work ot work its designoted 21. I certify that I took charge of the remains described above, held an Autopsy [ond in my opinian Inspection Inquiry Natural causes death resulted from? Accident 🗸 Suicide | Hamicide Undefermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or **EXAMINER'S** NAME (Type) 230 BURIAL, CREMATION, 23c NAME OF CEMPTERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 0 BRIMOVAL (SPECIFY) Arlington Natl Cem. Arlington. 10-5-66 irginia 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland VR A15ME (5) 1966



VR A15ME (5)

50.00

moy

Health or I

EXAMINER'S

BURIAL CREMATION

Dumphrey

Dolores C. Kline Silver Spring. Md. NTERVAL BETWEEN ONSEL AND DEATH WAS AUTOPSY PERFORMED? YES 5 NO 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18.) (City or town) (County) (State) Inspection X Inquiry and in my opinion Undetermined monner 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Old Georgetown Releptiy MEDICAL EXAMINER Address (Street city, town, or cou 7936 Old Bethesda Address (Street city, town, or county) Heaven Cemetery Gate 25b REGISTRAR'S SIGNATURE

Montgomery

Day

12 CITIZEN OF WHAT

U. S. A.

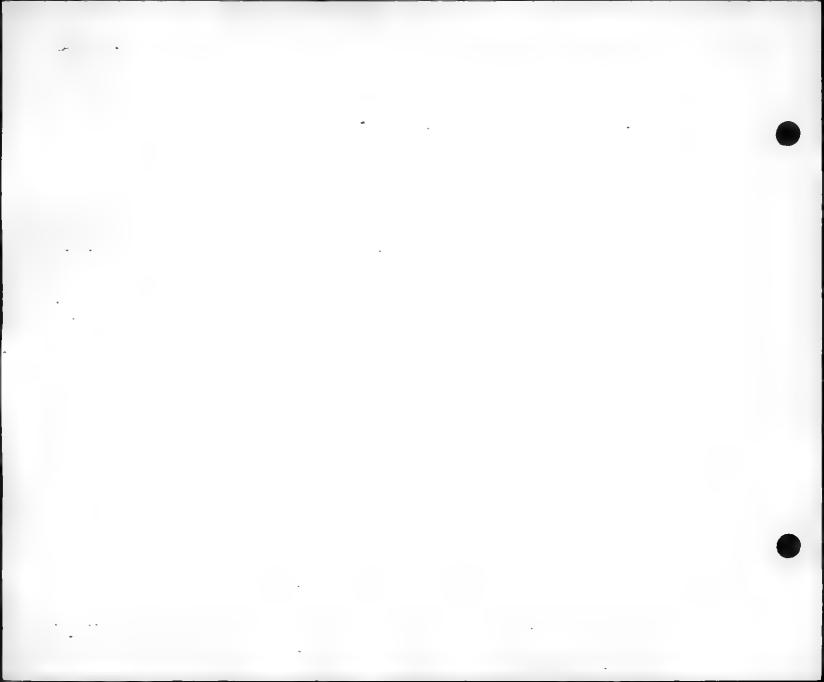
FUNDER

Months

ON A FARM?

NO 🔫

YES



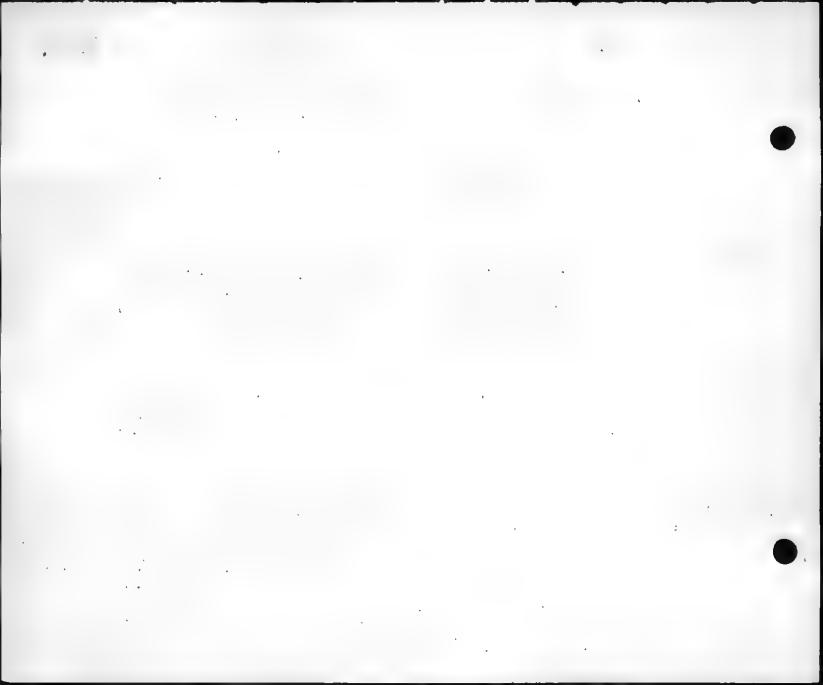
TO MODIFICAL OR ATTENNING PRYSICIAL The liw requires that the lieath certificate be exacuted within 24 hours after lieath.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL ORECTOR: After this certificate has been signed by the attending pays clan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

		MANUELLE OF ARTIMETER OF HEALTH	
	DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1. MARYLAND
1	4397	CERTIFICATE OF DEATH	14397
10.0			

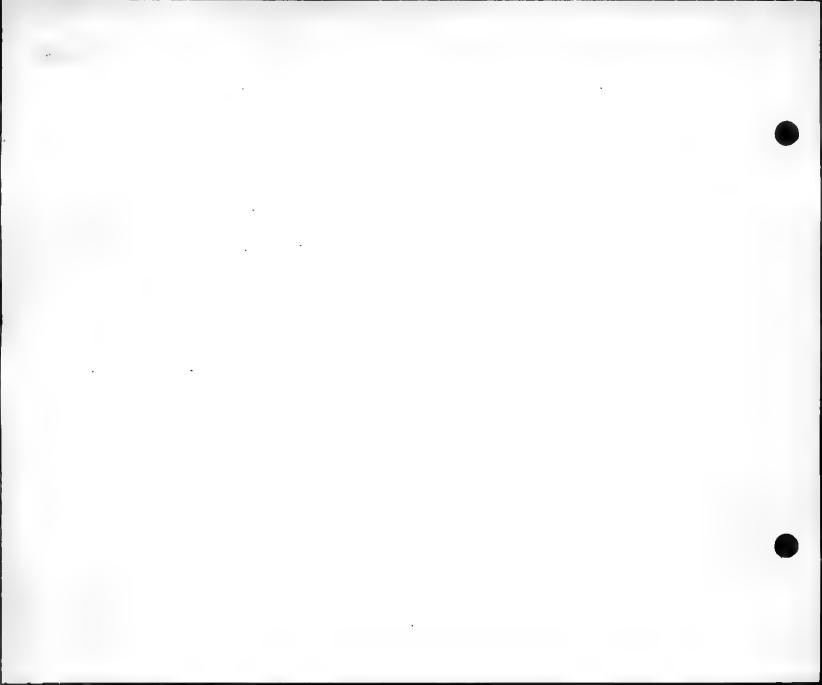
1.	PLACE OF DEATI a. COUNTY	1			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY			
	M	ontgomery		MARYLAND	Greece			
	b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1	c, CITY OR TOWN (II	outside corporate limits, write RURAL	and give nearest town)	
	Beth	esda		29 Days	Nomos Ko	ianis	1: -1	
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in ho	ospital, give street addres	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?	
				da, Maryland	Peponia		YEST NO	
3.	NAME OF DECEASED	FI	irst	Middle	Last	4. DATE Month	Day Year	
	(Type or print)	Lamb:	rini	(NMN)	Kondossi	DEATH October 2	19 66	
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	8. DATE OF BIRTH	i 9 AGE /in years LEHNDER	1 YEAR ILFUNOER 24 HRS	
F.	emale	White	WIOOWED	DIVORCED	29 July 194	8 1.8 yrs. Months	Days Hours Min.	
102	. USUAL OCCUPAT	ION (Give kind of work	done 10b. KI				ITIZEN OF WHAT	
dur	ing most of work	ing life, even if retire	.d) IN	NOUSTRY		C	OUNTRY?	
15	Student				Gree		reece	
13.	. FATHER'S NAM	lt.			14. MOTHER'S MAI	DEN NAME		
1	luse propies	Theodos10				sia Karamitoboulou		
		EVER IN U.S. ARMED FO (1f yes pive war or dates o		SOCIAL SECURITY NO. 17	. INFORMANT The	Medical Records		
	No		1 1	None T	he Clinical	Center, Bethesda, M	laryland	
	18. CAUSE OF	DEATH [Enter only on	e cause per li	ne for (a), (b), and (c).]			I INTERVAL BETWEEN	
Н	PART I. O	ATH WAS CAUSED BY	Resp	iratory Insuf	ficiency		ONSET AND OFATH	
	Cenditions, If	any which \	. P111 m	onary Congest	i on		36 hours	
	gave rise to	Immediate /	(0)	011017 0011801				
Ш	cause (a), s				0		26 3	
2	underlying caus		(c) Alve	olar hemorrha	ige & parencr	iymal injury	36 hours	
91						DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?	
ICA	Status	postoperat	ive Aor	tic Valve Rep	lacement wit	h extracorporeal/	YES X NO	
RTIF	20a. ACCIDENT	WAS UNDERLYING THE	TH 20b. 0	ESCRIBE HOW INJURY OC	CURRED. (Enter nature o	f Injury In Part I or Part II of Item 18	3.)	
CE	(IF EITHER, NO	ING TO CAUSE OF OEA TIFY MEDICAL EXAMI	NER)					
CAL		INJURY Month, Oay,	Year 20d. If	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, f	arm, 20f. (City or town) (Co	unty) (State)	
MEDICAL CERTIFICATION	Hour a.r		While at work	Not While	tary, street, onice bidg., (etc./		
	21 certif	w that OK (this hos	nital) attende	ed the decased from	3 Sept. 1	966 to 2 Oct. 196	6, that XIX (we) last	
	saw the de	ceased alive on 2	Octobe:	r 19 66 and th	nat death occurred at	0:500, from the causes and on t	the date stated above.	
	22a. SIGNATUI	RE				AM 22b. [ctober 1966	
	Chom	and the same of th	aste		ATTENOING D	OIRECTOR I 3 PHYS. I XI		
	22c. PHYSICIAN'S 122d. ADDRESSThe Clinical Center, National						National	
NAME (Type) Thomas J. Fogarty, M.D. Institutes of Health, Bethe								
232		ATION, 23b, DATE	THEREOF	23c. NAME OF CEMETE		23d. LORATION (City, town or co		
	REMOVAL (Sp	pelfy) // m	16	V/ /0	/	1/1/4	, the	
1-24	JURIAL FUNERAL OIRE		INJER 1/E			CO BY REGISTRAR 25b. REGISTRAR	I'S SIGNATURE	
1/	7. 12.12:		16 40 7		90 12 25a. RE		when Judge	

A15 (4) M 1/65 20M



MARYLAND STATE DEPARTMENT OF HEALTH
RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MADYLAND

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14398 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived | finstitution | Residence before admission) Poge State Department of deoth. MARYLAND delay f outside corporate limits, CLENGTH OF STAY IN 6 P.M.3. after an ama. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (I not in hospital give street address) d STREET ADDRESS form hours pencil in Item 18. Give Pages 1, YES NO C Office along with 3 NAME OF Middle DATE First Doy DECEASED OF DEATH the KORK 0 within (Type or print) 1966 with S SEX AGE 6. COLOR OR RACE DATE OF BIRTH n years IF UNDER 1 YEAR FUNDER 24 HRS 7 MARRIED NEVER MARRIED b r#hdoy) Months Doys WIDOWED DIVORCED 1pnd2 any event 10o. USUAL OCCUPATION (Give kind of work done 0b. KIND OF BUSINESS OR (Stote or foreign country) 12. CITIZEN OF WHAT during indist of working life, even if refired) INDUSTRY sheet Meta 13 FATHER'S NAME This certificate should be executed within MOTHER'S MAIDEN NAME \subseteq gnd 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN] removol, (Yes, no, br unknown) (If yes give wor or dates of service perm the Chief Medi 18. CAUSE OF DEATH (Enter only one couse per lipe for (a), INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 6 IMMEDIATE CAUSE (o) necessary, please execute the certificate, writing the word 4201 cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). 4 should be forworded to DUE TO stating the underlying couse 0 lost buriol, o nsed WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? 2 þ 20o EXTERNAL CAUSE WAS agent, prior 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18.) 3 should PRIMARY IT or CONTRIBUTING [EXAMINER: CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While moy be retoined for your FUNERAL DIRECTOR: Poge Page at work of work designated 2). I certify that I took charge of the remains described above held an Autopsy and in my apinion Inspection the funeral director. death resulted from Natural causes Undefermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or NAME (Type) or county) LOCATION (City or Town) 50 REGISTRAR S'SIGNATURI 2So REC D VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14399 CERTIFICATE OF DEATH completely filled in by the funeral ave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a_COUNTY b. COUNTY 24 haurs after ve carban papers. Pages 1 event, within 72 haurs after MARYLAND CITY OR TOWN (If of side corporate during write RORAL and q ve nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington) HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS requim that the death certificate by executed within remave carban NAME OF First Middie 4 DATE Month DECEASED OF DEATH KOW 0 (Type or print) ~ 2 SEX IF LINDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (in years lost birthdoy) and in ony WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease Bhysiplan o during most of working life, even if remaind Lar INDUSTRY COUNTRY? Langay 13. FATHER'S NAMI or removal, Kownatski 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service crematian, iB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) burial-transit PART I, DEATH WAS CAUSED BY. OVONdv IMMEDIATE CAUSE (o) څ DIJE TO signed | burial, Conditions, if ony, which gove Drondy (b) rise to immediate couse (a). DUE TO far use as the b Health priar to b stating the underlying couse peen afte∎ding last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has CERTIFICATION of Health Lyroid 15 m this certificate 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) by the hospital (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) Hour o.m. factory, street, office bldg., etc.) Not While ot work at work 21. 1 certify that (I) (this haspital) attended the deceased fram_ be retained director, page 3 shauld shauld be filed with the 1966, and that death accurred at 2105 PM, from causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an_ 220 MSIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF PHYS. MD DIRECTOR 22d, ADDRESS PHYSICIAN S Pag≡ 4 may NAME (Type) 6480

NAME OF CEMETERY OR CREMATORY

Washington, D.C.

Cemetany

DATE

23o. BURIAL CREMATION

24. FUNERAL DIRECTOR

VR A15 (4

20 ■ 1/66

REMOVAL (Specify)

23b DATE THEREOF

H. Hines

IS RESIDENCE ON A FARM? NO K

Year

1966

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(Stote)

(Stote)

1Pd V S

(County)

2Sb. REGISTRAR'S SIGNATURE

Co.

LOCATION (City or Town)

Prince Georges

Dov

Doys

27 7 3 8

-1

. 30 7 6 mg

1006

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

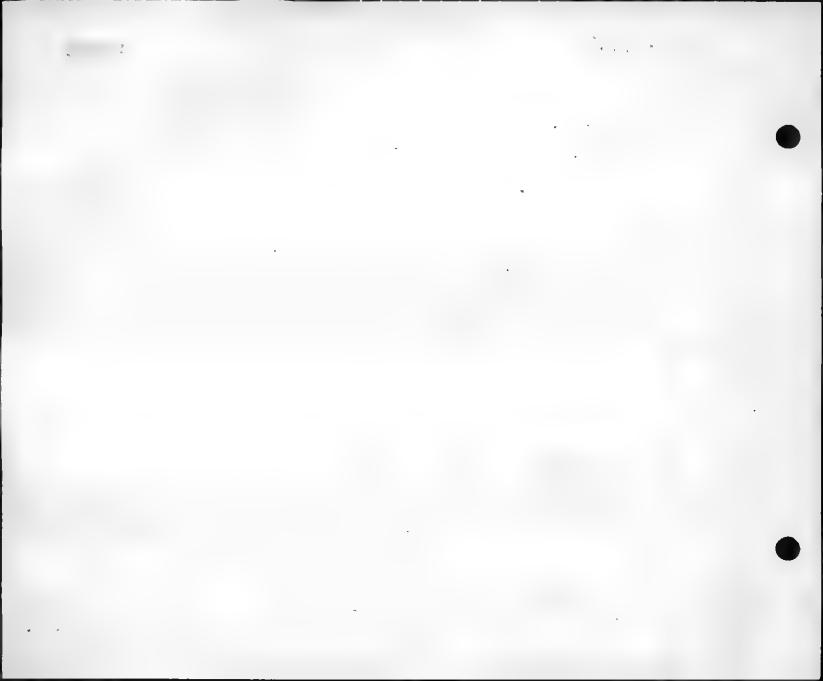
CERTIFICATE OF DEATH

	1	14400	CERTIFICATE	OF DEATH		44(4)
		PLACE OF DEATH		2 USUAL RESIDENCE (Where dec		idence before admission)
-	0	MONTGOMERY	MARYLAND	" SMARYLAN	D DON'T	armery
	b	 City OR TOWN (If autside carparate limits write RURAL and give nearest town) 		c. CITY OR TOWN (If outside carp	orate limits, write RURAL and	give neorest town)
1	Ti	KOMA PARK	237 hes, 26"	6 TAKOMA 1	PARK	1-
,	ď	I. NAME OF HOSPITAL OR INSTITUTION (If no	t in hospital, give street oddress)	d. STREET ADDRESS	.1	e IS RESIDENCE ON A FARM?
	Δ	ASHINGTON SAI	N. + HOSPITAL	805 LARCH 1	4VENUE	YES NO
		NAME OF FIR	Middle Middle	Lost 4 DATI		Day Year
	5 5	Type or print)	y	RUEGER DEAT	7H CT =	2/ 1966 DER 1 YEAR IF UNDER 24 HRS.
	3 3	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	3-11-87	Jost birthday) Month	
	1ຄຄ	USUAL OCCUPATION (Give kind of work done	10b, KIND OF BUSINESS OR	11, BIRTHPLACE (County & State, or	r foreign country) 12	2. CITIZEN OF WHAT
		ng most of working life, even if retired)	INDUSTRY	Burtoin	100 garage	COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		HMERICA
	٨	InthAN Paste	FRNAK	GERTOND	F ZORH	aft'
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	and a source
	(105	s, no, branknawn) (If yes give war or dates a	rservice	(hART-	7600 Carre	erave Trrr M
		18. CAUSE OF DEATH (Enter only one cou-	se per line far (a), (b), and (c))	2 0		INTERVA, BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) Acute Conges	he failure	,e •	ONSET AND DEATH
		4041 DUE	то	A		' '
		rice to immediate cause (a)	(b)			
		stoting the underlying couse last.				
	ŀ		(c)ONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(a)	19 WAS AUTOPSY
y	FICATION	TAKE II VIIILK SIGNIFICANT CONDITIONS C	Strings in Strain so not keeke to	THE TENTHAL DISEASE CONDITION O	THE REPORT OF	PERFORMED?
	IFICA	200 ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or I	Part II of item 18)	10 10 10
	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, form, 20f	(City or tawn)	(County) (Stote)
	WE	Haur o.m. p.m.	While at wark facts	ory, street, affice bldg., etc.)		//
			pital) attended the deceased fram_			1966, that (I) (we) last
		saw the deceased alive an	19 66, and the	t death accurred at		in the date stated above.
		Ernesta Se	asas MO M.	D. PHYS. MED. DIRECTOR	STAFF C	10/21/66
		22c. PHYSICIAN'S ERNEST	A, SARAO MD	7CC ENEW HA	amps HIREAVE	E TAVIOMAPARY
	23a.	BURIAL, CREMATION, 23b. DATE THE			LOCATION (City or Town)	(County) (State)
		RBU生作者1 10-23-				Church Va.
	24	FUNERAL DIRECTOR Bernard	Danzanskymmess Washingto	2So. REC'D BY REGI	n .	R'S SIGNATURE
		and Sons	"asiiiig to	on DC DATE UUI 2	2 4 1966 20	lanles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending play director, page 3 should be detached far use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal Tage 4 may be retained by the Maspital or ottending phynician. VR A15 (4) 20 M 1/66

cion and completely filled in by the funeral existence carbon papers. Pages 1 and 2 and in ony event, within 72 hours after death-

O NOTHITAL OR ATTENDING PHY ICIAM: The law requires that the Leath certificate be executed within 21 hours after Leath.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

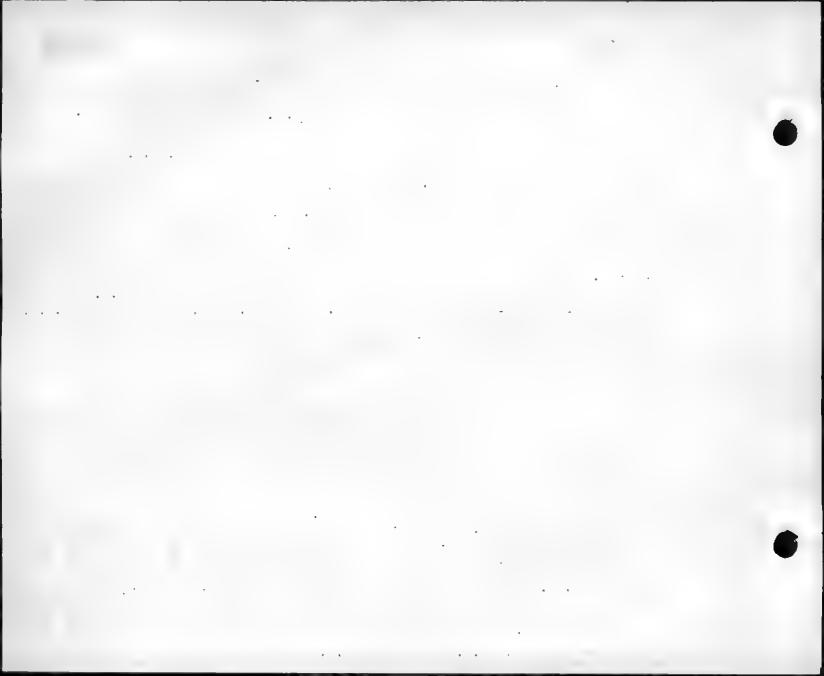
14401

CERTIFICATE OF DEATH

14401

/1			s de la companya della companya della companya de la companya della companya dell		321111111								
	1. P	LACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)						
	0	. COUNTY Mon	tgomery		MARYLAN	ID	o. STATE District of Columbia /						
	b	. CITY OR TOWN (c CITY OR TOWN (if outside corporate [mits, write RURAL and give nearest town) Population Washington										
			a (Rural)	1	1 day		Washir	ngton e	esso summe	ar, Mor.	15	1	
,	d	NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospito', g	give street oddress)		d. STREET ADDRESS				e IS Resid On a fa	ENCE RM?	
		Naval Hospital							a Road, N.V	V	YES .	NO Se	
1		NAME OF DECEASED		rst	Middle		Lost	4. DAT		Doy	Yea	If .	
	(Type or print)	Dore		Rutledge		KUHN	DEA		per 6	19	66.	
	5 5	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years last birthday)	F UNDER + YEAR Months Doys	Hours Hours	Min.	
		emale	Cauc	WIDOWED	DIVORCED [] [ept. 18,		⊃⊤ At2				
			(Give kind of work done		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Con		•	12 CITIZEN OF COUNTRY?			
		ng mHousew	ile		N/A				ennsylvania	1	US	iA	
		FATHER'S NAME					14. MOTHER'S MAID						
		James A.	Rutledge					la Lut					
	IS	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of conveni	SDCIAL SECURITY ND.			-	on 16 Address				
	(18)	no or anknown)	(If yes give wor or dotes	1	93 05 2053	Mr	. William	n C. K	uhn, 5621 C				
			ATH (Enter only one col	se per line for	(o), (b), ond (c))					INT	ERVAL BET	WEEN	
		PART DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE	(o) Can	cer of Breas	st,	Bilateral	L, wit	h Plural Me	tastese	SEL WIND D	CAID	
		110											
		Conditions, of any		(b)									
		rise to immediat		TO									
		last.)	(c)									
	z	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT RELATE	D TO TH	IE TERMINAL DISEASE	CONDITION (GIVEN IN PART 1(o)	19.	WAS AUTO PERFORM	PSY ED?	
)	ATIO									У		NO 🔲	
	THIC	200 ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury	in Port 1 or	Port II of item IB.)				
	MEDICAL CERTIFICATION		MEDICAL EXAMINER)										
	3	20c. TIME OF INJU	JRY Month, Day, Year	20d 1	NJURY OCCURRED 20		OF INJURY (Home,		f. (City or town)	(County)	(State)	
	MEC	Hour o.r	m. 19	While of wor	Not While of work		ry, street, office bldg.,	·					
	1	21. I certi	fy that (12 (this ha	spital) atten	ded the deceased fro	ım_C	ct. 5	, 1906	, ta_Oct. 6	, 19 <u>_66,</u> tl	nat (床(we) last	
		saw the d	eceased alive an_	Oct. 6	19 <u>66,</u> and	d that	death accurred	at_405	PM, fram causes a	ind an the dat	e stated	l abave.	
		220. SIGNATURE	NI	<	11-		ATTENDING _	MED	STAFF	22b. DATE SIGI			
		74	(. Ush	work	16	M.D.	PHYS L	DIRECTO	R PHYS. 🔯	7 Octob	er 1	966	
		22c. PHYSICIAN'S		To Part Part			22d. ADDRESS	T	2 72-41				
		NAME (Type	H. E. ASH	WORTH,					a <u>l, B</u> ethesc				
	230.	BURIAL, CREMATIC	ON, 23b DATE TH		23c. NAME OF CEMETER			23d.	LOCATION (City or Tow		,	tote)	
		REMOVAL (Specify Buria	1 10-10		Arlington 1	Nati	onal		Arlington	1	Virgi	nia	
1	,	. FUNERAL DIRECTO	R Joseph Ga				250	REC'D BY REG	STRAR 256. REG	SISTRAR'S SIGNATU	uds	بالأ	
- 1	1	E120 W-	annain A	TAT TAT	Tile a bit most an	T	Δ .		3 1000 A		15 1		

10 HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please-remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, again any event, within 72 haurs after defil Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 111100 CERTIFICATE OF DEATH 1 4 4 619

13	1	1440			CERTIFICAT	E OL DEF	чи		14402
	I.	PLACE OF DEATH					IDENCE (Where deci		tion: Residence before admission
_		a. 600((1)	Montgomery	,	MARYLAND	a. STATE	Maryland	b. COUNTY	Montgomery
		b. CITY OR TOW	I (if outside corporate	limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOW			RURAL and give nearest town
		Silver Si	and give nearest town)	18 years	Citure	Cartina		*
1	-	d. NAME OF HOS	PITAL OR INSTITUTION	fif not in he	ospital, give street address)	d. STREET ADDI	Spring		e. IS RESIDENC
				(11 110 111 111	Popitally Sittle College additionary				ON A FARM?
	_	709 Wayn					lyne Avenu		YES NO X
l	3.	DECEASED	Firs	t	Middle	Last	4. DATE OF	Month	Day Year
	P	(Type or print)	Ca	rrie	May	Laws	DEATH	October	18 19 66
	5.	SEX		MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н 9.	AGE (In years IFU last birthday) Mor	UNDER 1 YEAR IF UNDER 24 HR
		Gemale	White	WIDOWED		Sep. 12,		85 yrs.	1 1 i
ı	10a	. USUAL OCCUPAT	ION (Give kind of work dong life, even If retired)		IND OF BUSINESS OR	11. BIRTHPLAC	CE (County & State,	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
١		Housewit			n Home	Marul	and		U. S. A.
ı	13.	FATHER'S NAM	E			14. MOTHER'S	MAIDEN NAME		
ı		Frank We	ller			Clara S	Bereichenen	Stocksle	anek
l	15	WAS DECEASED F	VER INITS ARMED FOR	CES? 16.	SOCIAL SECURITYNO. 17.	INFORMANT		709 Walline	
ì	(11	s, no, or unkown)	(If yes give war or dates of :	ervice)	19-48-1325 M	1 C M.		Silver Sp.	
				- 1	ine for (a), (b), and (c).]	Irs. G. Mo	secey	owner op	I INTERVAL BETWEEN
ı			ATH WAS CAUSED BY:						ONSET AND DEATH
l		112.1	IMMEDIATE CAUSE ()_Ho	ite myocardial	and resp	iratory f	ailure	2_mks
1		404	/ OUE T	0					0 12 41
		Conditions, If		00,	ronary insuffi	ovenou			8-12 month
		cause (a), st	ating the DUET	O Con	rgestive heart	tailure			14 yrs.
١	2	underlying caus		c)					
-	CERTIFICATION	_			TING TO DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN PAR	TI(a) 19. WAS AUTOPSY PERFORMED?
	FICA		osclerosis						YES NO
	RTI	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING []	20b. (DESCRIBE HOW INJURY OCC	URREO. (Enter natu	re of Injury in Pa	rt 1 or Part II of Ite	em 18.)
		(IF EITHER, NOT	NG [] CAUSE OF DEATH IFY MEDICAL EXAMINE	R)					
	MEDICAL		NJURY Month, Day, Yo	ear 20d.	NJURY OCCURRED 20e. PL/	CE OF INJURY (Ho	me, farm, 20f. (City or town)	(County) (State)
	1ED	Hour a.n		While at work	Luor tenue Lead	ny, attect, otheron	08., 5(0.)		
						9eb. 9	19 60 to	Oct 18	1966 , that (I) (we) las
-		saw the der	eased alive on O	t. 18	ed the deceased from				on the date stated above
		22a. SIGNATUR		7	and the		- F		2b. DATE SIGNED
		1-	dullan!	0	Jones M.	ATTENDING D	MED.	STAFF	Oct. 18, 1966
		22c. PHYSICIA		- 0	7	22d. ADDRES	SS DIRECTOR E	1 tuto.	
		NAME (Ty	pe) Philip 8	. Jone	es. M.D.	800 Pe	rshing Dr	5.5	Md.
i	238	. BURIAL, CREM			23c. NAME OF CEMETER			CATION (City, town	
		REMOVAL (Spe	clfv)		Catlett Cemet		1	lett. Vir	**
	24	. FUNERAL DIRE	CTOR PG	1700	ABBBEAG	1 45	REC'D BY REGIS	TRAR 25b. REGIS	STRAR'S SIGNATURE
	C	, Glen Co	irter.	an Clin	2 8434 George	un Hum.		04	Clianles Judge
		HALLAND S	Dumphani	1/MA	California Sas	A MAUAI	E 111. 1 4	1000 /-	1 0

VR A15 (4) 20M 1/65

TO HOLFITAL OR NITERIOR BY The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



	_ \	VT 1	[te	ns 18-21 Film	382 11-21	WARYLAND STATE	DEPARTMENT OF	HEALTH	
À.	-1	M		Division of S	TATISTICAL RESEA	RCH AND RECORDS	301 W. PRESTON S	TREET, BALTIMORE, MARY	LAND 21201
a F	OR ST	ATEX		14403	MED	ICAL EXAMINER		OF DEATH	14403
FILE.	ALIH	DEPI.		COUNTY			2 USUAL RESIDENCE OF STATE	CE (Where deceased lived if institu	
- !	l 3 to Page	tof th.		Monte	Romery	MARYLANI		andand 60.	montgemen
delo	and 3 M3 Po	nent of deoth.		CITY OR TOWN (Fourside corps)	ite limits,	c LENGTH OF STAY IN ID	CCITY OR TOWN (t a tade corporate limits write RI	JRAL and give negrest town)
2	P.M3	portm ofter		Write RURAL and give nearest to				ockwille	, ,
3	-4	Deportment		NAME OF HOSPITAL OR INSTITUTION		give street oddress)	d. STREET ADDRESS	· .	e IS RESIDENCE ON A FARM?
<u>-</u>	form	hours		6106 Nielw	good Dr.		0106	Pelwood	On YES NO R
death	8. Give Pages olong with for	72 l	3.	IAME OF	Frst	M-ddle	On Lost	4 DATE Mor	th Doy Year
p La	ive ng v	£ .⊂	5	Type or print)	ton		sekman	DEATH C	7. 13 1966
ofter	∞. 	w.th w.th	7	EX 6 COLOR OR R		NEVER MARR ED	B DATE OF BRTH	9 AGE (n years lost b rthdoy)	Months Doys Hours Min
haurs	Item I	and 2 event	00	USUAL OCCUPATION (G ve kind of wo	WIDOWED	D+VORCED D ND OF BUSINESS OR	Jace 241	tote or fore gn county)	10 (17170) 00 16 110 7
- Pe				ig most of working life, even if retire		DUSTRY	D 44	lote or lote gri coowny)	12 CITIZEN OF WHAT COUNTRY?
n 24	트 - 레	boges T	13	FATHER'S NAME			14 MOTHER'S MAID	EN NAME	4.57
within	pentil comine	40.00		milt	7	P. I mem	7	leten no	216.61.00
	EX	File	15	WAS DECEASED EVER IN U.S. ARMED I	ORCES? 16	SOCIAL SECURITY NO	17. INFORMANT	Add	ress
cute	ig.	vol,	(Ye	no, or unknown) (If yes give wor o		70-14-8722			
be executed	pending ef Medico	emo		18/ CAUSE OF DEATH (Enter on y	one douse per ne for	(o), (b), ond (c))	0	1	120 - INTERVAL BETWEEN
be	"pe	or r		PART I. DEATH WAS CAUSED	BY E CAUSE (0)	CUNIA/L	LETALOMILA	24415 Mitchel	Charles and Death
should	, writing the word "pending" in pencil in farworded to the Chief Medical Examiners.	used as a buriol-transit permit. burial, cremation, or removal,		970.2	DUE TO			H/ A N/1	
sho	he word to the C	nati		Conditions, if any, which gove) use to immediate couse (a),	(b) 1257	WANNAL SUJIN	ET DER MININ		MINING O
certificate	t th	cren		stating the underlying couse		iorespinato		due to overdo	
拼	writing	d as ial,		OST CANT CANT CANT		iturate app		Lf-administere	d I I WAS AUTOPSY
G	W. WI		NOL	PART I OTHER SIGNIFICANT COND	HOWS CONTRACTOR	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	COND ON G VEN IN PART I(0)	PI_RFORMED?
This	be fal	be r to	CERTIFICATION	20o EXTERNAL CAUSE WAS	20h DF	SCB BE HUM IN 184 UCC 18	PED (Enter noture of number	n Port Lor Port I, of Jem 18.)	YES NO
		should I	CERT	PRIMARY LOFOR CONTRIBUTING CAUSE OF DEATH	De	ceased appa	rently tool	c an overdose	of a
2	e certif should files	3 sh int,	MEDICAL	20c. TIME OF INJURY Month, Doy,		Ort-acting UURY OCCURRED 20e	PLACE OF INJURY (Home,	form, 20f. (City or town)	(County) (Stote)
AM		ige 3 sh ogent,	MED	2:00 YM 10/13	19 66 Whe	Not While of work	factory, street, office bldg	Rockville	Montg. Md.
MEDICAL EXAMINER:	Page 7	red led		21. I certify that Japak	0				uiry ond in my apiniai
Ž	or. I	RECTOR: Pa			Natural causes		Suicide X, Hamic	7	
Ā	pleose ey I director. retoined	desi		10/	10			CAL EXAMINER	
	ple de la	₹ 2		ACTUAL SIGNATURE	een/	1 de	101.07	MEDICAL EXAMINER .	22. DATE SIGNED
O DEPUTY	the funeral may be r	FUNERAL DIRECTOR: Page solth or its designated age		EXAMINER'S BELD	DACK	RESUL	14. D Address (S)		M 13 1966
DE	cesso ie fun moy		230		DATE THEREOF	23c. NAME OF CEMERRY		23d. LOCATION (City or To	own) (County) (Stote)
10	E € ∿	2 ≝	150	DEMOVAL (Specific)	4. 4		. Pitt. Pa		, , , , , , , , , , , , , , , , , , , ,
			24	FUNERAL DIRECTOR	, 2 1/ 00	ADDRESS	, 25o. R	REC D BY REGISTRAR 25b R	EGISTRAR'S SIGNATURE
	VR A1	15ME (5) 1 1/66	13	Nanganoly + So	no 350	11-145St	N.W DATE	OCT 17 19\$6	Misules Judge
			-				T-2		



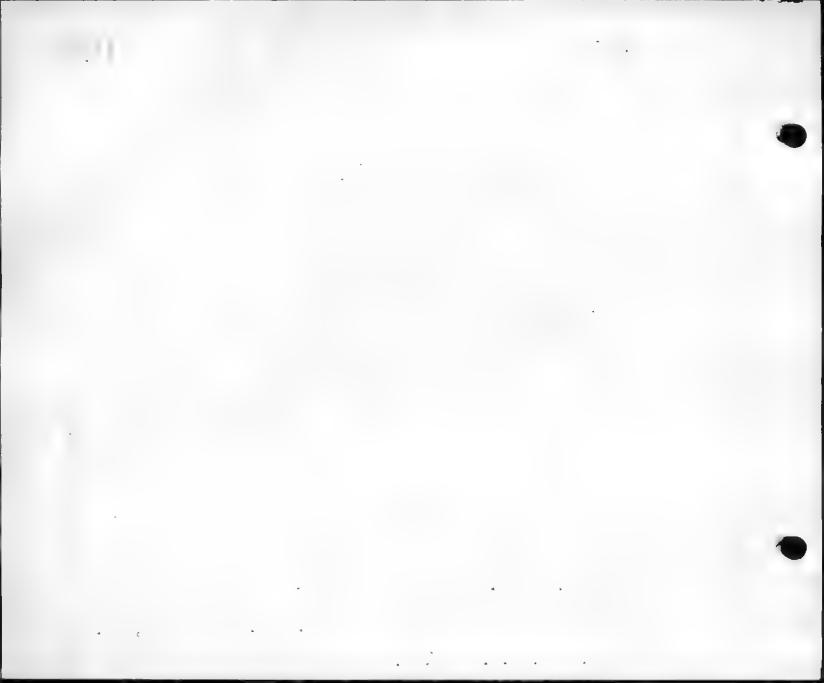
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14404 be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) campletely filled in by the funeral ang PLACE OF DEATH a. COUNTY o. STATE **b.** COUNTY MARYLAND hours after C. LENGTH OF STAY IN 16 c CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If aufside carparate limits, write RURAL and give nearest town) 2 415. 10 Mg heaton d. STREET ADDRESS IS RESIDENCE ON A FARM? ease remave carbon papers. and in any event, within 72 h d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Georgia A. 3016 1 ilden YES NO NAME OF Middle DATE Year OF DEATH DECEASED reonaro 19 Type or print S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH (In years 7 MARRIED last birthday) Months Haurs X WIDOWED DIVORCED and 12. CIT ZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 10a USUAL OCCUPATION (Give kind of work done COUNTRY? ic an c during most of working life, even if retired) INDUSTRY ATTENDING PHYSICIAN: The law requires that the death certificate 40USE WIFE 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMAN ·WASh signed by the attending burial-transit permit. (Yes, na, ar unknawn) (If yes give war ar dates of service burial, cremation, or MNA-C-BAIN 25-MEHDE-ST INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (g), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying cause has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar to ₽ last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, form, (State) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at work attended the deceased fram 21. I certify that (I) (this-hospital) and that death accurred at _M, fram causes and an the date stated above. saw the deceased alive an 0 DATE SIGNED 220. SHAMILURE **ATTENDING** STAFF DIRECTOR MD. PHYS. 22d ADDRESS NAME (Type) 23b DATE THEREOF CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a BJRIAL, CREMATION REMOVAL (Specify) George Medical Reniova 24. FUNERAL DIRECTOR T250 REC'D REGISTRAR'S SIGNATURE Sons, Wash D. C Inc. DATE

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

_	K ===
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death	To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit Themplease remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remarkly and in any event, within 72 hours after dept.
fier	e fur es 1 offer
Urs o	Pag Pag ours o
4 ha	l in { lers. 72 ho
ıın 2	filled pap
M	rban r ban t, wi
nted	mple ve co even
өхө	ema any
e be	an ai Ise r Idin
ficat	S S S
certi	da ph
eath	endin nit ar re
the d	e ott perr
hat	y th ansit
ires 1	ned t ial-tr
redu	sign por
low dipo	beer s the iar t
The	has se a th pr
IAN:	icate far u Heal
YSIC	certill hed or of
PH of	this Deta
DING	Affer be o
E E	OR: Journal
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	RECT 3 sh 3 with
AL C	AL DI
SPIT	NER/ tar,
OH C	direct Shot.
=	\simeq

VR A15 (4) 20 M 1/66

o _g		14402	CEKITFICATI	E UP DEATH		14405	
*		PLACE OF DEATH O. COUNTY TO CYTTOCT	MARYLAND	2, USUAL RESIDENCE (Wher g. STATE	re deceased lived, if institution b. COUNT	Residence before admission)
		b. CITY OR TOWN (If outside corporate ymits, write RURAL and appropriates travial)	CAPAGTH OF STAY IN 16	c CITY OR TOWN, (If autside	carparate lights, write RURA E $SCLA$.	AL and give nearest tawn)	
	4	d NAME OF HOSPITAL OR INSTITUT ON (If nat in h	aspital, give street address)	d STREET ADDRESS EX	ETER BOI	OLCL. PES DE N	NCE RM? IO 🔄
		NAME OF DECEASED [Type or print] E, Joh;	n Middle	ong 4	OF DEATH	24 19 (6
	- 1	Mr. W WI		3-6-1900	9 AGE (In years ost birthday) yrs	Months Days Hours	Min
	jury Z	LSJAL OCCUPATION (Give kind of work done ing most of working life, even if ret red) ADAI SER - Editor - Writer	Ocean Science New		ihrania	12 CITIZEN OF WHAT	?
	13.	PATHERS NAME JESSE ELIAS	Long	14 MOTHER'S MAIDEN NAME OF THE TOTAL PROPERTY OF THE TOTAL PROPERT	Keny	nuie	
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give you, or dates of each	ice 261-40-7876C	UIXE DIRE	ninia. 71).	Same	
		minimization (a)	r line for (a), (b), and (c).) Congestive heart i	failure, acute	and chronic	NTERVAL BETW ONSET AND DEA	
		Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO					
		stating the underlying cause (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTTING TO DEATH BUT NOT DELATED TO	THE TEDMINAL DISEASE CONDITI	ION CIVEN IN PAPT 1/al	19 WAS AUTOP	×γ
L	CERTIFICATION	20g ACCIDENT WAS UNDERLYING	205 DESCRIBE HOW INJURY OCCURRED.			19 WAS AUTOP PERFORMED YES N	
	AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ACE OF INJURY (Harne, farm,	20f. (City or town)	(County) (St	ate)
	MEDICAL	20c TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19	While Not While of work of work	ctary, street, office bldg., etc)			
		21. I certify that (I) (this haspital saw the deceased alive an 220. SIGNATURE	to the deceased from the second that the second second the second	at death accurred at	2 & M, fram causes a	4, 19 <u>66,</u> that (I) (wand an the date stated at 226. DATE SIGNED	abav
		22c. PHYSICIAN'S Des Toronto.		ATTENDING MEI PHYS DIR	D. STAFF PHYS	10-24-6 QUO	26 m
1	23a	NAME (Type) Dr. Leo M. BURIAL, CREMATION, 23b DATE THEREOF		CREMATORY	23d. LOCATION (City or Tow	yn) (County) (Sto	//)(ote)
	0.4	BUY121 10-27-1	966 Arlington	Nat'l Cem	Arlington	SISTRAR'S SIGNATURE	
	J_C	Seph Gawler's Son 130 Wisc. Ave. N.V		DATE O	CT 2 7 966	Clionles Jus	da

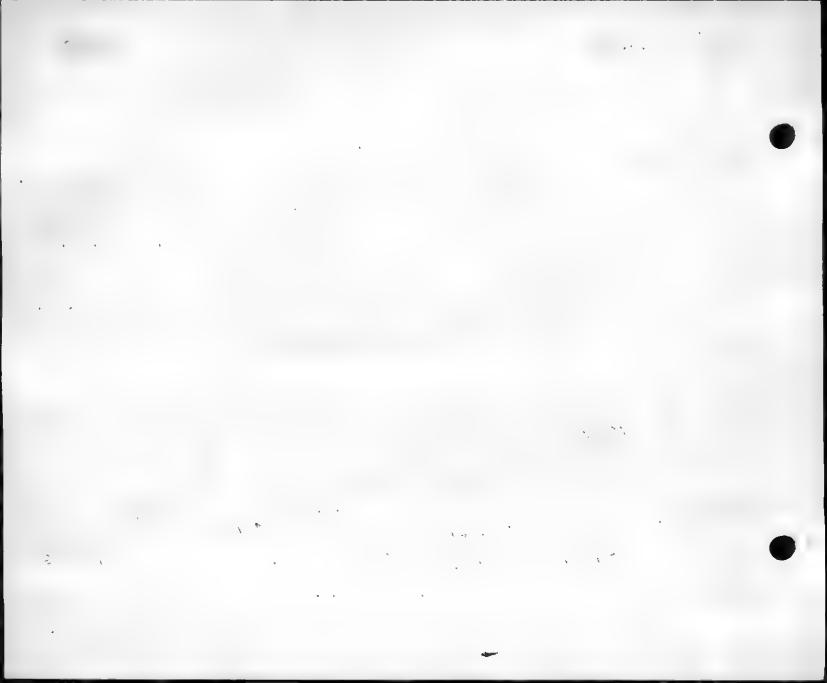


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral—director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Bept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after fleath. O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14406 CERTIFICATE OF DEATH

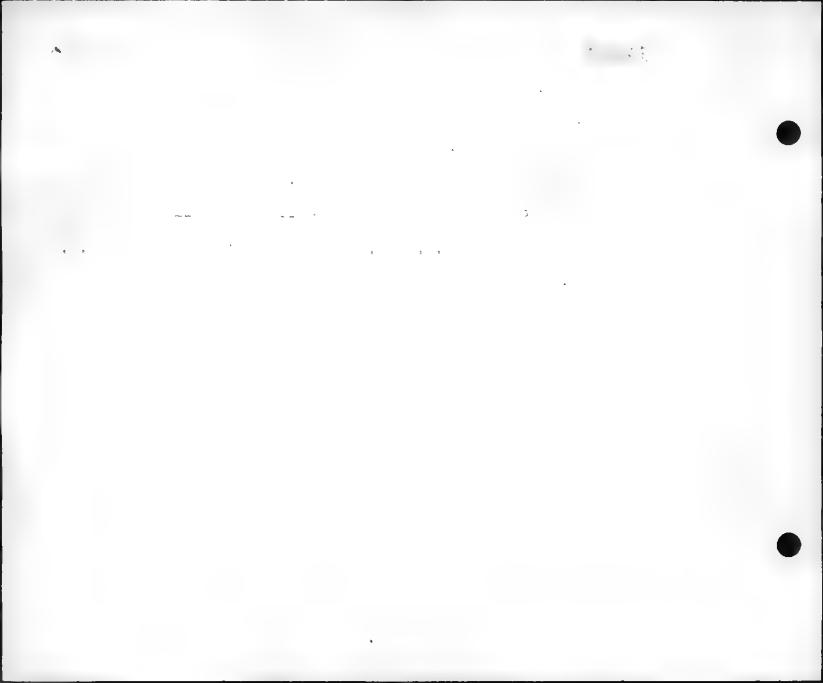
1. PLACE OF DEATH a. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg	Union Bridge
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIGENCE ON A FARM?
Asbury Methodist Home for the Aged, Inc.	YES NO 🔀
3. NAME OF First Middle DECEASED	Last 4. DATE Month Oay Year
(Type or print) Frances Missouri	Lynn DEATH October 6 1966.
17. MORNIED THEFER MOUNTED IN	8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
F W WIDOWED O GIVORGED	May 29, 1877 last birthday) Months Cays Hours Min.
	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired) INDUSTRY	COUNTRY?
Clerk & kept house	McKinstry's Mills, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Franklin Thomas Lynn	Laura Crumpacker
15. WAS GECEASED EVER IN U.S. ARMEG FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
no 212-03-7784 A	sbury Methodist Home, Gaithersburg, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	- Colonia
OUE TO	
Conditions, if any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHERS IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED.
15 Reckovalual popula	YES NO DE
20a. ACCIDENT WAS UNDERLYING 20b/ DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	,
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
	1/2/1/2 10/1/1/20 11/1/20
21. I certify that (i) (this hespital) attended the deceased from	4/25/63, 19 to 10/6/6 19 that (I) (well-last
	t death occurred at M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Heurs Proces Bul M.	ATTENDING MEO. STAFF 10/6/66
22c. PHYSICIAN'S	22d. ADORESS
NAME (Type) , Henry C. Scruggs	м р
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Union Bridge Md
24. CHRENAL DIRECTOR 7) ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
& must to farmer	China BATE OCT 11 1966 Jolianles Judge
Ernest C. Garther Gaither	shure litage UUI 1000



Items 18&21 Film 383 11-22 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased ived if institution Residence before admission) o COUNTY b COUNTY -2, and 3 to PM3 Page Montgomery Maryland 6 death. MARYIAND rince b CTY OR TOWN (If autside carparate mits, C LENGTH OF STAY IN 16 c EITY OR TOWN (If autside carparate in its write RURAL and give nearest town) write RURAL and give nearest town) after (Silver Spring 29 Min Riverdale d NAME OF HOSPITAL OR ASSISTUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours 5909-60th Avenue Holy Cross Hospital of Silver Spring in Item 18 Give Poges Stote NO X This certificate should be executed with n 24 hours after death Office along with 3 NAME OF Middle Lost 4 DATE Month within 72 DECEASED 0F Φ Charles MacDonald October 29 1966 (Type or pnnt) DEATH S SEX IF UNDER 1 YEAR 6 COLOR OR RACE AGE (In years IF UNDER 24 HRS 7 MARR ED **NEVER MARRIED** 46 45 yrs Male Caucasian 10-17-21 WIDOWED DIVORCED event Ġ 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CIT-ZEN OF WHAT during most of working I te even firet red) U.S. Govt. COUNTRY? U.S.A. Carpenter the Chief Medical Examiner's pencil I 13 FATHERS NAME 14 MOTHER'S MA, DEN NAME ngram u u WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service removal, pending. Mrs.Agnes M.MacDonald CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) address) INTERVAL BETWEEN PART 1 DEATH WAS CAUSED BY ONSET AND DEATH Acute coronary insufficiency 0 IMMEDIATE CAUSE (o) e, writing the word forworded to the Ch cremotion, **DUE TO** Coronary artery heart disease Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse 0 last burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, NO 2 pe 20o EXTERNAL CAUSE WAS Prior 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) plnods PRIMARY Or CONTRIBUTING 4 should MEDICAL EXAMINER: **CAUSE OF DEATH** its designoted ogent, 20c T ME OF INJURY Month Day, Year 20d INJIRY OCCURRED 20e PLACE OF NJURY (Home form, (City or town) (County) (State) Hour a.m. foctory, street, off ce bldg, etc) While Not While moy be retoined for your FUNERAL DIRECTOR: Poge ot work of work 21. I certify that I took charge of the remains described obove, held an Autapsy Inspection Inquiry 🌬 and in my opinion the funeral director. death resulted train Notural causes 🔻 Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER. SIGNATURE TO FUNERAL Health or i DEPUTY MEDICAL SCAMINER **EXAMINER'S** Addless (Street, M. C. I Mo, or county) NAME (Type) 23b DATE THEREOF BURIAL CREMATION 23d LOCATION (City or Town) (County) Arlington, 11/2/66 Arl. Nat. Cem. ADDRESS Nt Rainier 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR NELLLey 13 Funeral 25b REGISTRAR 5 SIGNATURE Home Inc.

Charlen

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14408 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY b COUNTY C LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corgorote limits write RURAL and give nearest town ? IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO 3 NAME OF First Middle DATE Month Lost Year DECEASED OF Ann E. MANTZ DEATH (Type or pnnt) DATE OF BEKTH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7 MARR ED Jost birthdoy) AGE (In years IF JNDER 24 HRS **NEVER MARRIED** Months 3 Hours W DOWED DIVORCED The US., At OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if ret red)
Housewife INDUSTRY COUNTRY? Richmond, Virginia USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William A. Edelblut Grace L. Bradley 15 WAS DECEASED EVER IN U.S. ARMED FORCES? .6 SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Unknown G. Earl Mantz - Husband - Same as Item #2 NO INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Instant IMMEDIATE CAUSE (o) Injuries, Eultiple severe DUE TO Conditions, if any, which gove Fall, seventeen stories rise to immediate couse (a), DUE TO stating the underlying couse lost PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? CERTIFICATION YES 🗐 NO. 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter notified of injury in Port I or Port II of tem 18) Jum Ped + run APartment 2Dc TIME OF INJURY Month Doy Year 2De PLACE OF INJURY (Home form (City or town) (County) (State) factory street, office b dg , etc.) 1966 Mid ixient ot work 21 I certify that I took charge of the remains described above, held on Autopsy Inquiry 🔀 Inspection X and in my opinion deoth resulted from Notural causes Accident Suicide X Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball Address (Street, city town, or county) Bethesda, Maryland NAME (Type) 230 BURIAL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Cremation 1966 Cedar Hill Crematory Maryland Oct. Suitland 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS 25b REGISTRAR S SIGNATURE

Bethesda, Maryland

Minute

1966

VR ATSME (5) 6M 1/66

Robert A. Pumphrey

0

Page

P.M3

farm

WITH

alang 1

Office

niner's

Medi

the Chief

0

farwarded

shauld 3 shaul

funeral directar.

the

necessary,

The penci

"pending

writing the ward

please execute the certificate,

DEPUTY MEDICAL EXAMINER:

in Item 18 Give Pages 1,

24 hours after death

This certificate shauld be executed within

delay

Department of death.

State

the

₹

and.

File gnd

permit remayal,

burnal-transit

Ö

used

D

may be retained for your FUNERAL DIRECTOR: Page

be retained

after

haurs

w thin

event

GNY

5

ö

burial, crematian,

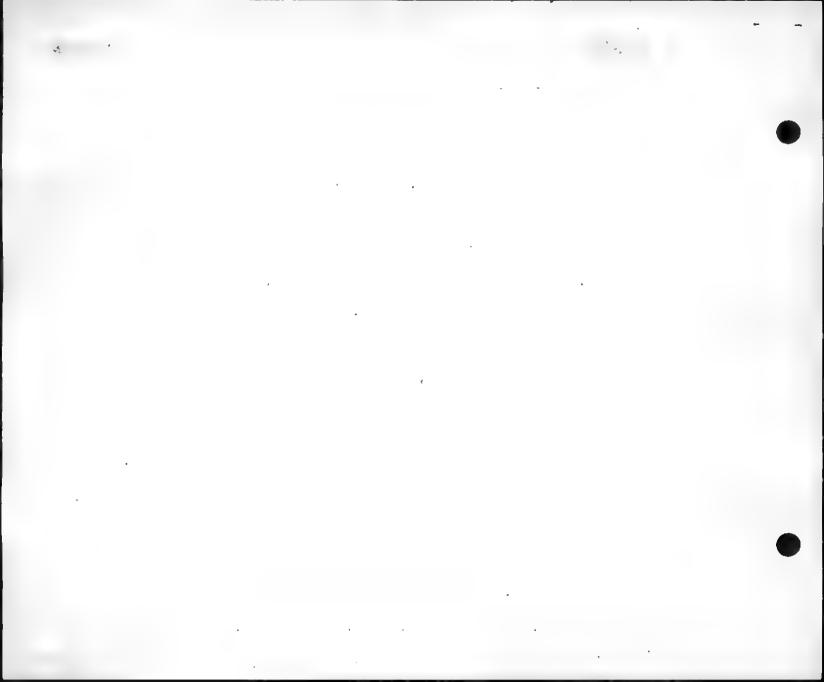
prior ta 90

designated agent,

ĥ

Health

1

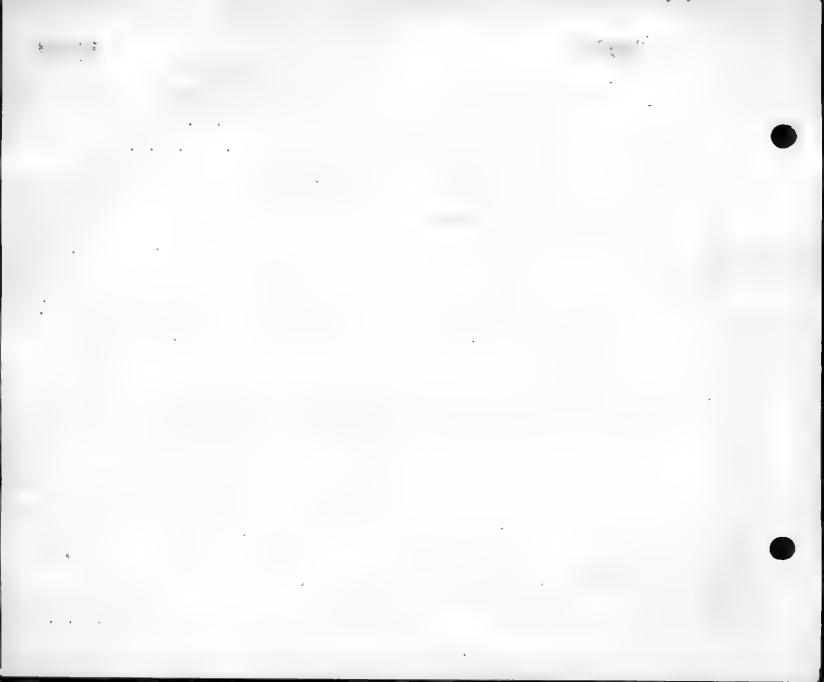


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		14409	CERTIFICATE	: OF DEATH		14408
		PLACE OF DEATH O. COUNTY	uandano.	2. USUAL RESIDENCE (Where de- o. STATE	ceosed lived, if institution. Resident b. COUNTY	ce before odmission)
	t	b. (ITY OR TOWN (if outside copporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16		porote limits, write RURAL and give	neorest town)
		SI WELL SPY MO	ospitol, give street address)	Vashington,		e IS RESIDENCE
(2)	2		ing Home	926 Mass.		ON A FARM? YES NO
	_ [NAME OF (Bessie) First DECEASED (Type or print) F/129067	th Lyons	Martin DEA	TH October	9 19 66
	SS	- / / / / / / / / / / / / / / / / / / /	NEVER MARRIED DIVORCED	B. D'ATE OF BIRTH 1/20/02	9 AGE (In years IF UNDER) last birthday) Months yrs.	Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done ing most of working life, even firetired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, o	(0)	ZEN OF WHAT UNTRY?
		FATHER'S NAME		New York Co		Α.
		George Lyons Was deceased ever in us armed forces?	16. SOCIAL SECURITY NO 17.	Anne Barry		+}- C+
	(Ye	(If yes give war or dotes of servi	G e	rtrude Lyons	283 West 11 New York Ci	
		IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Postnecroto	c CIRRL	(320)	INTERVAL BETWEEN ONSET AND DEATH
		5810 DUE TO Conditions, if ony, which gove) (b)		• • •		
		rise to immediate couse (a), DUE TO				
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		THE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
7	CERTIFICATION	200, ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Foter nature of injury in Port 1 or	Part II of item IB)	YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		· · ·	•	
	MEDICAL	20k. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, tory, street, office bldg , etc.)	lf. (City or town) (Cou	uniy) (State)
		21. I certify that (I) (this haspital saw the deceased alive an	attended the deceased fram	it death occurred at 1050	PM from rouses and an Il	that (I) (we) lo
		220 SIGNATURE		ATTENDING MED.	STAFF 22b D/	ATE SIGNED 166
,		22c. PHYSICIANS NAME (Type) BORGS	RARVIAI	D. PHYS DIRECTO	R LI PHYS. LI Za	17/08
	230.	. BURIAL CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d.	LOCATION (City or Town)	(County) (State)
		removal 10/11/6	6 Calvary Cen		ew York City,	N.Y.
	29.	The SH. Hines	Q 2901 1409			elin Gridge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The physician remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removed and in any event, within 72 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66





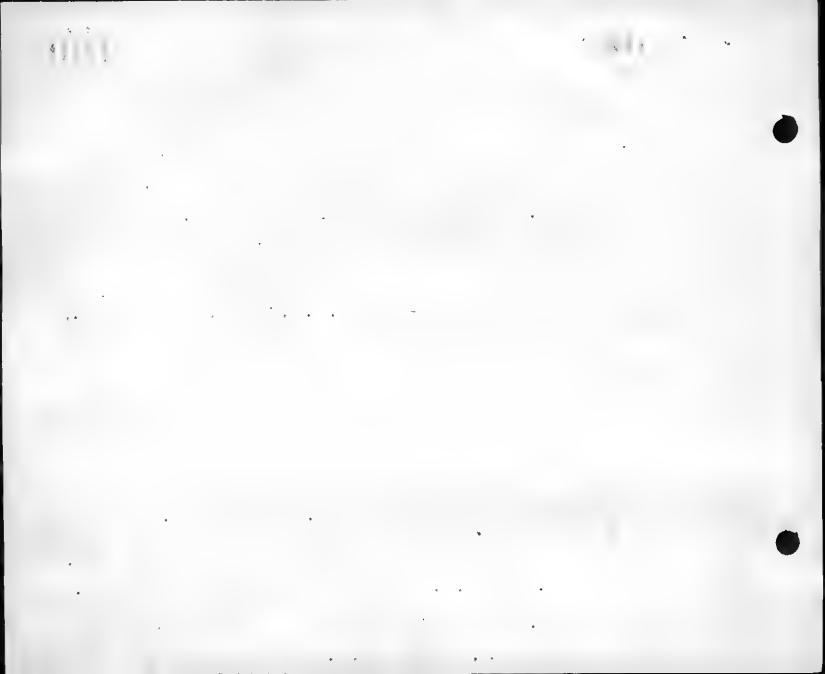
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY Montgomery Maryland lease remave carban papers. Pages I and in any event, within 72 hours after MARYLAND b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Bethesda (rural days Hillcrest Heights d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Naval Hospital 2105 Oakwood Street YES NO TE 3. NAME OF First Middle Lost 4 DATE Month Year DECEASED Jose MAURICIO 19 66 Oct. (Type ar print) DEATH S SEX B. DATE OF BIRTH AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Days Oct. 2, 1882 Male Cauc. WIDOWED DIVORCED and 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) physician a during most of working life, even if retired)
But Ler private home COUNTRY? Philippine Islands USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown signed by the attending burial-tronsit permit. The burial, crematian, or rent 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Hillcrest Maryland (Yes, na, ar unknawn) (If yes give war ar dates af service) 7733A Mrs. T. R. Padgett. 2105 Oakwood St. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART | DEATH WAS CAUSED BY: Gastrointestinal henorrhage IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause the 19 WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached far use State Dept. of Health Perforation urinary bladder with recto-vesical fistula YES [NO T TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. at wark at wark 21. I certify that (\$\mathbb{F}\$ (this hospital) attended the deceased from Sept. 22 , 19.66, to Oct. 21 , 19.66 that (\$\mathbb{E}\$ (we) last director, page 3 shauld shauld be filed with the 19_66, and that death occurred allisa M, from couses and on the date stated above sow the deceased alive on Oct 22b. DATE SIGNED ATTENDING 21 Oct. 1966 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS PHYS CIAN'S NAME (Type) L. A. Jones, M. D. Naval Hospital. Bethesda. Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION REMOVAL (Specify) 1966 Arlington National Arlington, Virginia
REGISTRAR 255. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR Simmons Brothers Funeral Home

Goodhope Road, S.E. Washington, D. C.

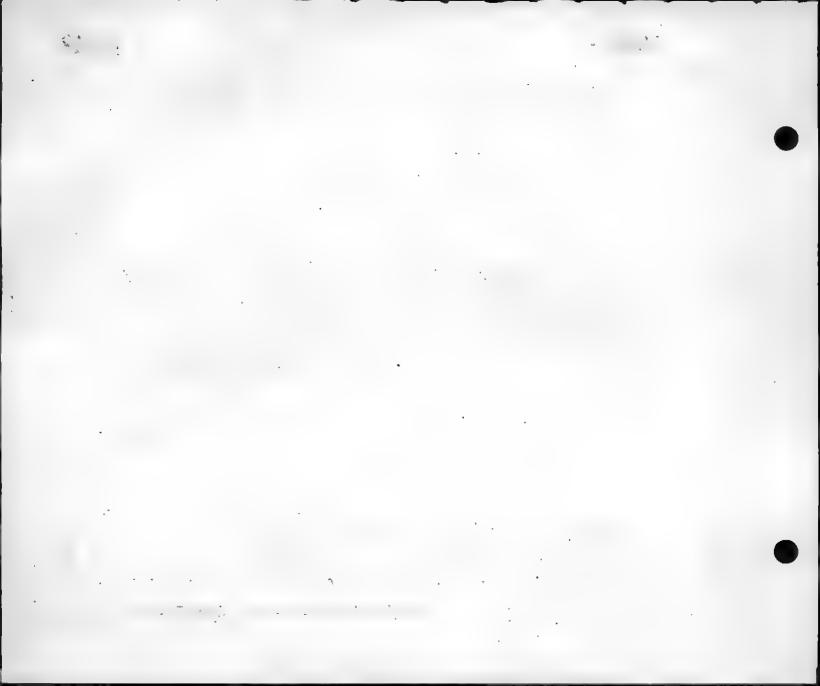
Ochanley

1966

VR A15 (4) 20 M 1/66



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 등으로		14412 CERTIFICATE OF DEATH 14412
death. funeral and 2	1	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY
5 0 T		MONTGOMERY MARYLAND AGET 2 SENECH XII NIONTE.
s aft. by th	_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
- in		d. NAME OF HOSPITAL OR INSTITUTION (if not in nospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
rted within 24 h completely filled we carbon papers event, within 72 h	18	HOLY CROSS HOSPITAL YES NO !
thin tely on p	Ç	3. NAME DF / First Middle // T Last 4. DATE Month Day Year
executed within and completely remove carbon premary and event, within		DECEASED (Type or print) FUEN L. N.C. MONALTI. DEATH 10-6 1966
xecutec and cor emove any eve		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In Years IFUNDER 1 YEAR IF UNDER 24 HRS. Isst birthday) Months Days Hours Min.
and remover		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or forging country) 12. CITIZEN OF WHAT
		during most/of working life, eyen if retired) INDUSTRY
cate be ophysician n please in tal, and in		13. FAMPER'S MAME 14. MOTHER'S MAIDEN MAME
rtifica		CHARLES ROBINSON LOUTSE FOWLER.
that the death certificate be sician. Indeed by the attending physician al-transit permit. Then please al, cremation of provent, and is)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT) Address (Yes, no, or unknown) (If yes give war or dates of service)
leatl e at on		Jahoard & Mc Nassald Bannan Freon
the y th		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MESENTERIC INFARCTION EMBOLIC WES
hat l cian ed b ed b tran		
law requires that the death attending physician. has been signed by the attered as the berral-transit permit in prior to burial, cremation of		conditions, if any, which) DUE TO RHEYMATIC HEART DISEASE MITRAL STENOSIS DECADES
aguir ing t een he b		gave rise to immediate Cause (a), stating the DUE TO
iw retending as bas the sas the sas the sas the sail or sail o		underlying cause last. (c)
The la or ati cate h use		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
tal o tal o iffica for d	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LOWER AS DOMINAL AS A OF THE LOWER AS A OF
ICIAI ospil cert hed t. of		G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICIAN: the hospital this certific detached for E Dept. of His		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 10 10 10 10 10 10 10 1
NG P by t fter be d		Hour a.m. p.m. 19 While Not While factory, street, office bidg., etc.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirence 4 may be retained by the hospital or attending 10 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the behould be filed with the State Dept. of Health prior to the contraction of the th		21. I certify that (I) (this hospital) attended the deceased from 9-21, 1966, to 10/6, 1966, that (I) (we) last
ATTE retail CCTO sho ifth t		saw the deceased alive on 10 /6 19 66, and that death occurred at 9 7 M, from the causes and on the date stated above.
OR be JRE 3 ge 3 weed w		Luch and Atolle M.D. ATTENDING MED. STAFF 10/7/66 Med. STAFF 10/7/66 Med.
ITAL may SAL pa		22c. PHY9 CIAN'S
HOSPITAL age 4 ma FUNERAL rector, pa	1	1401000
Page Office Short		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (States)
		24. FUNERAL OIRECTOR ADDRESS ADDRESS ADDRESS 25b. REGISTRAR'S SIGNATURE
VR AI5 (4)		Linthur Valters 254 Careek Store OCT 11 1966 Charles Judge
20M 1/65		116



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USBAL RESIDENCE (Where deceased lived, if institution, Residence before admission)). PLACE OF DEATH o. COUNTY b. COUNTY Montgomery Marvland Montgomery MARYLAND b CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURA, and give agorest town)
Silver Spring 3 days Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) A STREET ADDRESS 8 IS RESIDENCE ON A FARM? 9600 Forest Road Holy Cross Hospital YES NO IX 3. NAME OF DATE Middle Last Manth Day DECEASED McHugh **OF** Edward Sister 19606 (Type or print) DEATH IF UNDER I YEAR S. SEX 6 COLOR OR RACE NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED 8 birthday) Days 30 Haurs 1883 Nov. White Female 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? atholic Sister Ireland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Nora Cullinane Patrick McHugh 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI Address Ursuline (Yes, ga, ar unknown) (If yes give war ar dates af service) Same as Item 2. None Records Convent INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause Inst 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, affice bldg .etc.) Nat While of work L at work 21. I certify that (1) (this hospital) attended the deceased from 1946 to wisen 79 , that (I) (we) lost 30 1966, and that death occurred at 21521, M, from couses and an the date stated above. saw the deceased alive on. 22a, SIGNATURE 22b. DATE SIGNED PHYS DIRECTOR PHYS 22d ADDRESS 22r. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b. DATE THEREO! 23d LOCATION (City of Town) (County) (State) Burlal Washington, Mt. Olivet Cemetery 11-3-66 ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland

O FUNERAL DIRECTOR: After directar, shauld be VR A15 (4) 20 M 1/66

death.

cron and campletely filled in by the funeral tags. Fernave carban papers. Pages 1 and

phys en p ar remova

permit

burial-transit

as the priartal has been

signed by

this certificate

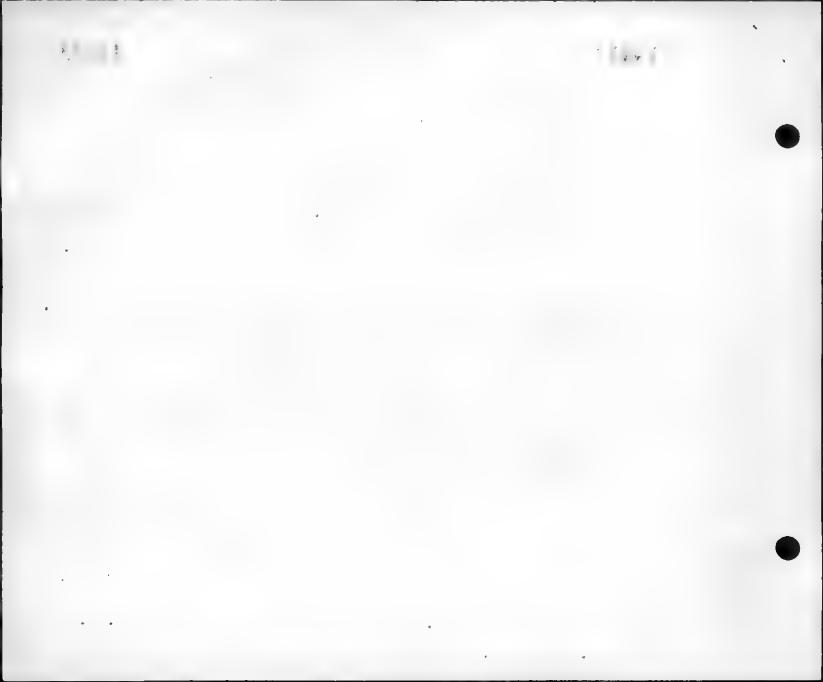
be retained

detached

shauld

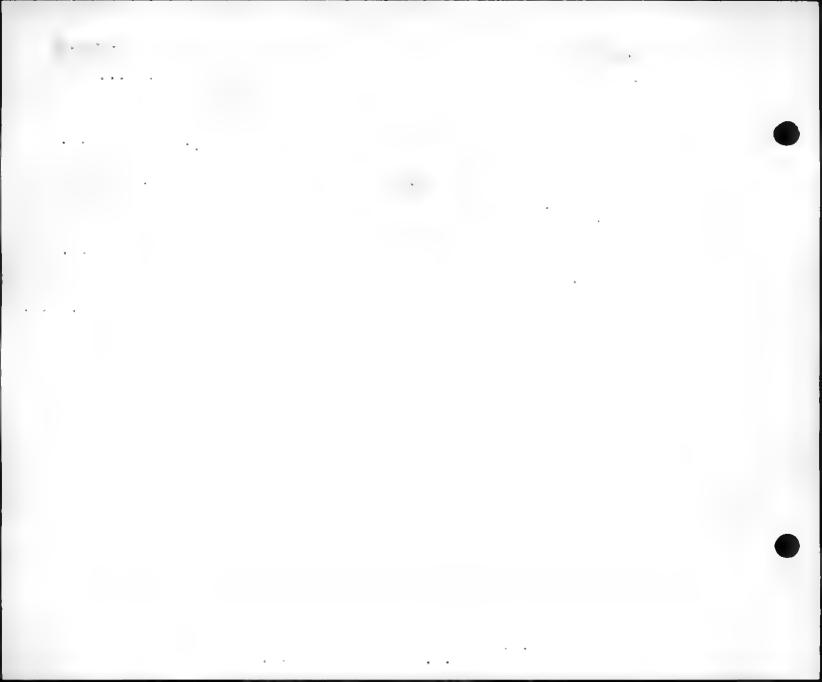
papers.

requires that the death certificate be executed within 24 haurs after death.



Division of STATISTICAL RESEARCH AND STREET, BALTIMORE, MARYLAND 21201 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH ved of institution Residence before odgrassion PLACE OF DEATH 2 USUAL RESIDENCE o COUNTA P.M.3. Page 5 death MARYLAND deloy Deportment b. CITY OR TOWN (If outside cordorate CLENGTH OF STAY IN 16 write RURAL and give nearest town and write RURAL and give negrest town ofter Washington Former give street address) d STREET Office along with form hours Item 18 Give Poges ate This certificate should be executed within 24 hours after death NAME OF DATE Manth Doy e St 72 DECEASED OF DEATH the Young within (Type or print) with S SEX 9. AGE (In years last birthday) YEAR 7 MARRIED SYER MARRED Months Doys WIDOWED D-VORCED event апр 10o USUA, DCCUPAT ON (Give kind of work done Ob. KIND OF BUSINESS DR BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWITE IND., STRY Texas 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil e, writing the word "pending" in pending are farwarded to the Chief Medical Example Armina Ivy Wesley D. Young puo Ē 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT Address (Yes, no, or unknown) (if yes give wor or dotes of service) removel John H. McLean. 3506 16th St. N.E. 579-60-0911 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Ö IMMEDIATE CAUSE (a) Acute pulmonary embolus cremotion, DUF TO Conditions, if any, which gave following a fall certificate, writing the rse to immediate couse (a). DUE TO stoting the underlying couse 0.5 burial, (nseq PART II. OTHER SIGNIFICANT CONDITIONS CONTR.BUT.NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T.ON GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERT F. CATION YES ST NO pe prior to should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of tem 18.) 3 should PRIMARY DO or CONTRIBUTING CAUSE OF DEATH Deceased fell in Nursing Home agent, 20d NJURY OCCURRED 20c TIME OF NURY Month, Doy Year 20e P. ACE OF IN. LRY (Home, form (City or fown) (County) (Stote) WED Hour om Not While IxNursing Home FUNERAL DIRECTOR: Poge iy ttsville Pr.Geo. Md. pm 10-22-66 ot work L ot work please execute its designoted 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion the funeral director. death resulted from. Natural causes f Accident [X] Suicide [Hamicide Undetermined marner retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY тау ре DEPHALY MEDICAL EXAMINER Health or **EXAMINER'S** Address (Street Fort Town or county) NAME (Type) BUR AL, CREMATION, REMOVAL (Specify) DUPTEL 23c. NAME OF COMELERY OR CREMATORY 23d 10CAT ON (City or Town) (County) S 0 11/2/66 Cedar Hill Cemetery Suitland. Md. 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hines VR A15ME (5) 6M 1/66 NOV 3 1966 St. N.W. DOATE . lhth Washington.

tems 18-21 Film 383 12-19MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEAL	.TH
	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE	EET, BALTIMORE 1, MARYLAND
14415	CERTIFICATE OF DEATH	14415

_			
1.	PLACE DF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	Montgomery MARYLAND	a. STATE b. COUNTY M	ontgomery
_	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1	write RURAL and give nearest town) Kensington	Kensington	-,
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
_	4220 Everett Street	4220 Everett Street	YES 🖈 NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) Genevieve Nickel	Meese DEATH October	8 1966
5.		R DATE OF BIRTH 19. AGE (In years LEUNDER)	1 YEAR IF UNDER 24 HRS.
1	female white WIDOWED DIVORCED J	July 23, 1894 /2 yrs.	Days Hours Min.
102	a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cf	TIZEN OF WHAT
Qui.	ring most of working life, even if retired) INDUSTRY	Illinois	. S. A.
13.	- FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Frederick Nickel	- Jordan	
		INFORMANT Address	
CH	es, no, or unkown) (If yes give war or dates of service) 578-14-7388 N	Torman S. Meese same as abo	ve
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN DISET AND DEATH
	PART I. DEATH WAS CAUSED BY: COYONG	in occlusion	marked
	DUE TO 12 4. On	2-0	10.
	Conditions, If any, which) (b) Artonoscien	the Cardiovase Disease	1042
	gave rise to immediate (
	couse (a), stating the		
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
AT	NONE		PERFORMED?
턜	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	\\	N
동	fanta	CE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bldg., etc.)	nty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	AJ, Street, Onicobing., etc.)	
-	21 I certify that (I) (this hospital) attended the deceased from	9-15- 1960, to 10-8, 196	that (I) (we) last
	saw the deceased alive on 9-15-1962, and that	t death occurred at A.M. from the causes and on the	he date stated above.
	228. SIGNATURE		ATE SIGNED .
	Stephen W. Collecter M.D		-8-1966
	22c. PHYSICIAN'S NAME (TYPE) STEPHEN W. DE TER	22d. ADDRESS 6719 W.ZSON LANE	BETHESTA MAD
238	a. BURIAL CREMATION 23b. DATE THEREOF , 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or cou	anty) (State)
23	REMOVAL (Specify)		
24	Burial 10/11/66 Arlington N	Atlington Va	SSIGNATURE
-	The S. H. Hines Company- Washingt		nles Judge
	na without a mountain	DATE ON TI 1000	

VR A15 (4) 15M 4-64

-

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. There please remove corbon papers. Pages T and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removel, and any event, within 72 hours attached the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

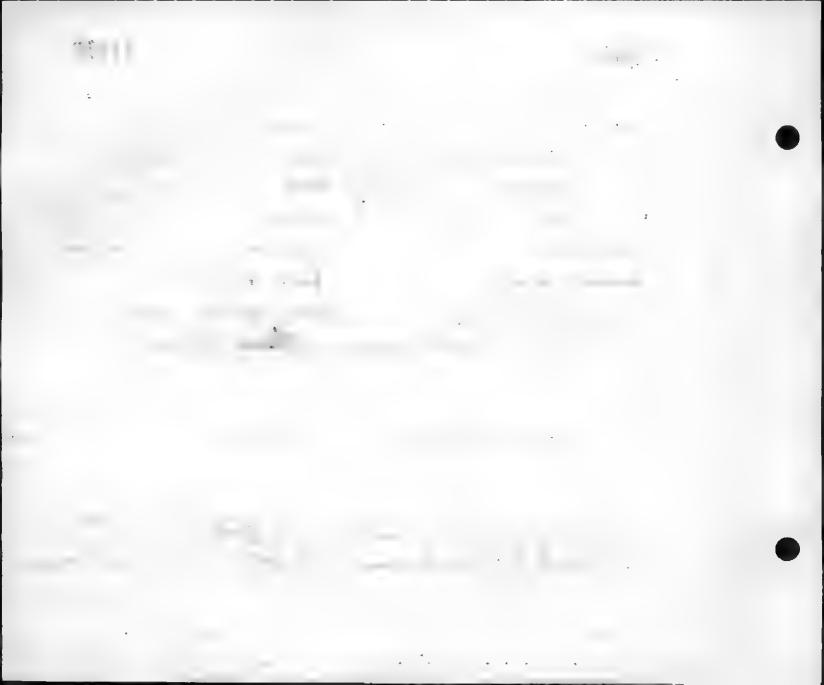
Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1441	6		CERTI	FICATE	OF DEATH			1441	F	
Ī	o. COUNTY	TC A DAC ()				2 USUAL RESIDENCE (V o. STATE	_	lived, if institut b. COU		fore admissi	an)
] -		TGOMBRY If autside carparate firm	· -	MAI C LENGTH OF STAY	RYLAND	D:57. OF	01-		241 1		
	write RURAL and	d give negrest town)	its,			c CITY OR TOWN (If au	_		KAL ONG GIVE NEG	rest town)	
	TAKET			18 DAY	5	WASHINGTO	M DIG	2			
	d NAME OF HOSPIT	AL OR INSTITUTION (If I		4		d. STREET ADDRESS	and the			e. IS RESI	
	WASHING	TON SANIT	TARIUM .	+ HESPITA	4	1725 17			7. 106		NO 🔀
3	NAME OF DECEASED		irst	Middle		Last	4 DATE OF	Mont	th D	ay Ye	at
	(Type or print)	MARTI	44	Loui	52_	MENK	DEATH	Get.	-		66
S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	D 73. B	. DATE OF BIRTH	9 /	GE (In years	IF UNDER 1 YEA		R 24 HRS.
	干	W	WIDOWED	DIVORC	ED 🗍	4-23-83		ost birthday)	Manths Day	s Haurs	Min.
	uring most of working			IND OF BUSINESS OR IDUSTRY		11 BIRTHPLACE (County		gn country)	12 CITIZEN COUNTR	Y ?	
-	3. FATHER'S NAME	KeepER				14 MOTHER'S MAIDEN I			Millander	C. 77 7 3	
	Ruson	DH MEN	L			9	FISCHI	= 2			
1	S WAS DECEASED EVE	PINITS APMED FORCES	16.	SOCIAL SECURITY NO.	17. [1	FORMANT	1 13011	Addre	ess		
(Yes, no, or unknown)	(If yes give wor or dotes	of service)		-		Beords		5.H.		
F	LID CAUSE OF D	EATH (Enter only one co	uso and Gallan	Yel (b) and (a)		W.		A Was		INTERVAL BET	TAVEEN
		TH WAS CAUSED BY: IMMEDIATE CAUS		iteriof a	lero	rais The	ut 4	essav		ONSET AND I	
	Conditions, if ony		(b)								
1	rise to immediat	e couse (o), (E TO								
Т	stoting the unde	riving couse	(c)						1		
1		CAUCICANT CONDITIONS		TA SCITH BUT NOT SI	TATER TO T	HE TERMINAL DISEASE CON	PITION CATEN	N D407 1/-1		9. WAS AUT	ODCV.
2	PAK) II. UTHEK	GNIFICANT CONDITIONS		7 6		1/	1	N PAKI I(d)		PERFORM	IED?
- 5	Tress I	I may	- /la	Egrance	1/ ,		na			YES [_]	NO 🔀
MENICAL CEDITICIONALION	DR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205 DE	SCRIPE HOW INJURY	ÖCCURRED. (Enter negure of injury in	Port I or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJ	1.0	While			E OF INJURY (Home, farm ory, street, affice bldg., etc.)		City or town)	(County)		(State)
	The second secon	ify that (I) (this ha			from	9-19,	9 66 to	10-	7.19.66	sthat (I) (we) las
		eceased alive on_	10-	7 19 66	and that	death accurred at	5: toPM	from couses	and an the d	ate state	d above
Т	22a. SIGNAJURE	. 4 . 0 . 4	. 0						22b. DATE S		
\perp	1 9	Olas # F	5 - 12		M.D	ATTENDING PHYS.	MED DIRECTOR] STAFF [10-7	7-6	1
	22c. PHYSICIAN'S	20000				22d. ADDRESS	Difference -	71113.	-1/0		-0
	NAME (Type)				?					
2	30 BURIAL, CREMATIO	ON, 23b. DATE TO	TEDEUE	23c NAME OF CEA	AFTERY OP /	PEMATORY	I 23d 10CA	TION (City or To	wn) (Cou	ntv) /	Stote)
1	REMOVAL (Specify	0 70					~		. ,	(-	orono!
ŀ	Grematic	n 10-10	-1966	Oedar F		Cremetory	Suit] BY REGISTRAR		M.T. EGISTRAR'S SIGNA	TITOC	
	24 FUNERAL DIRECTO	famleria.	Sang				OCT 13		2 Cliant	Za O	1.0
1	アイ ウアングリュン	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~ train #1"	一方で サング		DATE V	101	1000	Theres	My Juco	146



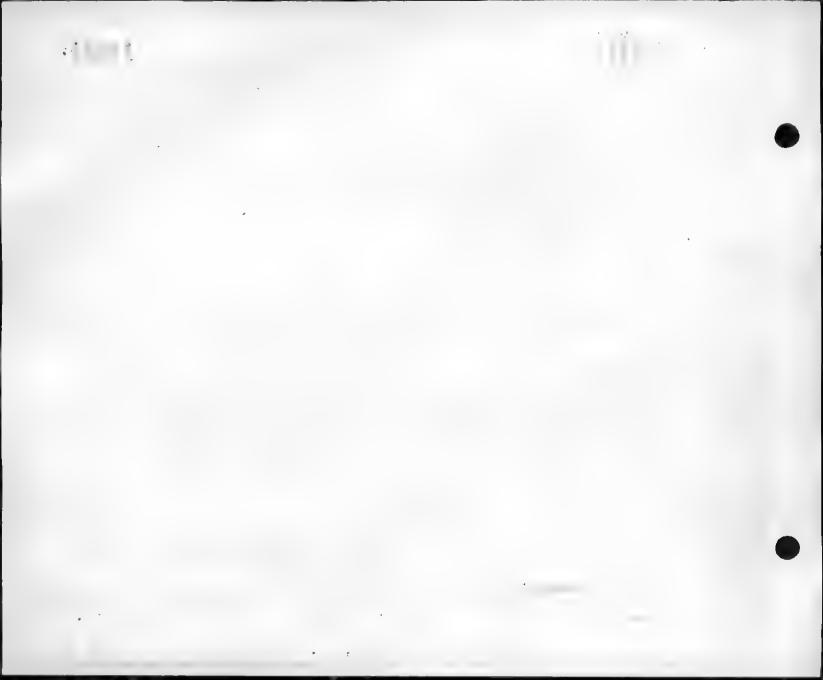
		14417	CERTIFICATI	OF DEATH	14	417
	1, 1	PLACE OF DEATH		2 USUAL RESIDENCE (V	Vhere deceased lived, if institution: Reside	ence before admission)
1		COUNTY Montgomer.	a MINUTES	O. STATE Mary	b. COUNTY	
3.		o. CITY OR TOWN (If autside carparate limits,	MARYLAND C LENGTH OF STAY IN 1b	CITY OR TOWN IN	tside carparate limits, write RURAL and g	JOHNEY
	1 '	write RURAL and give nearest town)	C EENGIN OF STAT IN 15		C /	As hadest idwill
		Silver Spring		5,10	ier Oping	
	,	A NAME OF HOSPITAL OR INSTITUTION (If not in I	aspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE On a Farm?
4 1		Adly (Rass Hos	P. Tie /	1213	Harding La	PTE YES NO TO
	3	NAME OF First	Middle	Lost	4 DATE Month	Day Year
		DECEASED		Merson	OF .	
			Jean		9. AGE (n years IFUNDE	R 1 YEAR 1 IF UNDER 24 HRS
			IARRIED NEVER MARRIED	B. DATE OF BIRTH	last huthday) Manthe	
	_ (Temale whire w	DOWED DIVORCED	Octuber 6,		13 16
		JSUAL OCCUPAT ON (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country) 12. (ITIZEN OF WHAT
	duri	ng most of working life, even if retired)	INDUSTRY	Maryl	LNA	OUNTRY?
	13	FATHER'S NAME	<u> </u>	14. MOTHER'S MAIDEN I		V 3 11
		William E. M			Jean Sche	1.4
	-			Linas	Jean sche	11
	IS. (Ye	WAS DECEASED EVER IN J.S. ARMED FORCES? s, no, ar unknawn) (If yes give war ar dates of serv.	16 SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	,	ti landina and an annual an annual and an annual an annual and an annual and an annual and an annual and an annual an annu		mother		
	Ħ	1B CAUSE OF DEATH (Enter anly one cause per	line far (a), (b), and (c))			INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Pulmonary Ate	lectasis		ONSET AND DEATH
	П	DUE TO				
		Conditions if any which have a				
		nse to immediate couse (a)				
	П	stating the underlying cause DUE TO				
		last. (c)	Prematurity			
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
A	CERTIFICATION					YES NO
	Ē	200 ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part Lor Part U of item 18.)	
	ERT	OR CONTRIBUTING CAUSE OF DEATH		(and make a majory m		
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	Land de la landa d	to an initiation of	Total ten	10. 10. 15
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	Sartette New Sartette force	ICE OF INJURY (Hame, farm tary, street, office bldg., etc.)		ounty) (Stote)
	E	p.m. 19	at wark at wark	interface or a second or a second		
		21. I certify that (I) (this haspital	attended the deceased fram	10-6	9 66, ta 10 - 6 , 19	CG, that (I) (we) last
		saw the deceased alive on	6 - 6 19 6 €, and the	at death accurred at	8:30 M, from causes and an	the date stated above
		220. SIGNATUKE			27b.	DATE SIGNED .
	П	(A of Inline	mass M	.D. PHYS.	MED. DIRECTOR PHYS. / 0	-1-66
		22c. PHYSICIAN S	171	22d. ADDRESS		
1		NAME (Type Carl Silver	man	12801 EU	anston ST. Rock	ville bad.
	23 a	BURIAL CREMATION, 23b DATE THEREOF 10/8/66	23c. NAME OF CEMETERY OR Gate of Tes	CREMATORY	Silver Spring,	(Launty) (State)
		BUYY (Specify) 10/8/66				
F		FUNERAL DIRECTOR	LAMB ROCKY		BY REGISTRAR 2Sb. REGISTRARS	
1	T	vson Wheeler Fungrai	Home "ockville.	Md. In []	CT 1 1 1966 PCU	relan Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14412 FOR STATE HEALTH DEPT.

gal.

any delay is

2, ond 3 to

in pencil in Item 18 Give Poges 1,

This certificate should be executed within 24 hours after death. If

and 2 with the State Department of

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

"pending"

necessary, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

O FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File page Heolth or its designoted agent, priar to burial, cremotion, or removal, ond in 5 may be retained for your files.

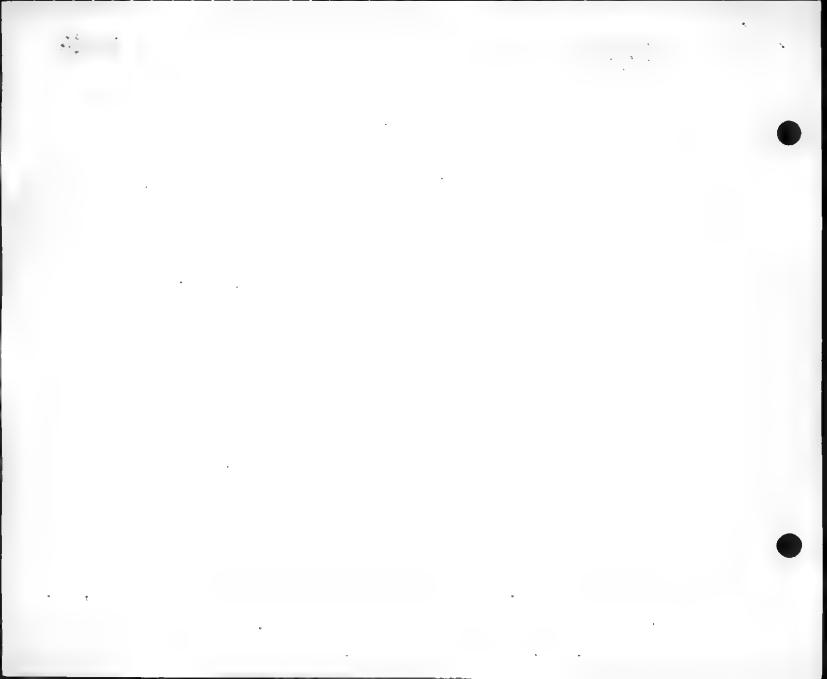
• FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14418

			Z 3 3 Z ()		
EPT.		1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence	e before admission)
apara a			o COUNTY	o STATE b. COUNTY	/
하			110ntgomery MARYLAND	100.	mo
dei dei			b CITY OR TOWN (If outside corporate mits,	c CITY OR TOWN (If putside corporate mits write RURAL and give	neotest town)
artr fter			write RURAL ond give negrest town) 4 days	Betterdo	1001
e p			d NAME OF HOSP TAL OR INSTITUT Obu(If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE
State Department of 2 hours after death.	10		Suburhan	4902 ASBURY LAN	ON A FARM? YES NO NO
Sto 2 h			NAME OF First Middle	.ost 4. DATE Month	Doy Year
with the St within 72			DECEASED (Type or pnnt) HENRY IRWIN	METZ DEATH OCT.	26 1966
车手		5	SEX 6. CO.OR OR RACE 7 MARRIED NEVER MARRIED B	B DATE OF BIRTH 9 AGE (In years IF UNDER 1	
-			male W WIDOWED DIVORCED	8/17/04 62 yrs. Manths	Doys Hours Min
and 2			O USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR		IZEN OF WHAT
00		dur	r notices to of working life expendited red) INDUSTRY NASA	Cenn. (Ol	INTRY? // SA
S E	1	12	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	4211
2		13.	Marie Traderile Mate	1 . 14	
File	į	16	John Staduel Miles	Mary Blatt	
		I IS I IY e	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 III	NFORMANT	,
ĒŽ		(es no octuknown) (If yes give wor or dates of service) 577 – 56 – 68 40	Ville Kise mela (Francise	alive)
it permit, removal,			IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
탏			PART I DEATH WAS CAUSED BY Burns, 2nd and 3rd	degree, 61% body area	ONSEL AND DEATH
rans , or	17		IMMEDIATE CAUSE (0)		74 000,70
o burial-tr cremotion,			// \(\chi \) DUE TO		
Ē 6			Conditions, if ony, which gove a rise to immediate cause (a), (b)		
e le			stoting the underlying couse DUE TO		
be used as o burial-transit permit. to burial, cremotion, or removal,			lost. (c)		
used as burial,		-	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a)	19 WAS AUTOPSY
S J	2	ICATION			PERFORMED?
		FICA	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED ((Enter nature of injury in Port 1 or Port II of term 1B.)	111 1994 110
ould		CERTIFI		Enter notice of injury in Port I or Port II or term IB I	1
3 should int, priar				ter equited exploded, equiting of	
		MEDICAL	The state of the s	CE OF INJURY (Home form 2Df (City or town) (Cou	nty) (Stote)
age 3 sh agent,	-	M.E		Home - Bethesila M	ent. Mel.
ted F	1		21. I certify that I taak charge of the remains described above, hel	ld an Autapsy , inspection , Inquiry ,	and in my opinion
FUNEKAL DIKECTOK: Page solth or its designoted age				de [], Homicide [] Undetermined manner []	, ,
es i				CHIEF MEDICAL EXAMINER	
its d			SIGNATURE Colm S. Ball	M.D. ASSISTANT MEDICAL EXAMINER	, 22. DATE SIGNED
KAL or ii				DEPUTY MEDICAL EXAMINER X	66
٠ ۲	2		NAME (Type) JOHN G. BALL	Address (Street, city town, or county) Bethesd	a. Md.
	1	230	O. BURIA, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR C		(County) (State)
⊇ ≖ຶ	12		Borlan 10-29-66 Gate of He		. ,,
	m.				
ME (5)	15		4 FUNERAL DIRECTOR ADDRESS DOBERT A DIMDUREY Rathonda Md	250 REC'D BY REGISTRAR 25b REGISTRAR 5 5	
766			ROBERT A. PUMPHREY, Bethesda, Md.	DATE NOV 1 1966 Fillian	les Judge

VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14419

CERTIFICATE OF DEATH

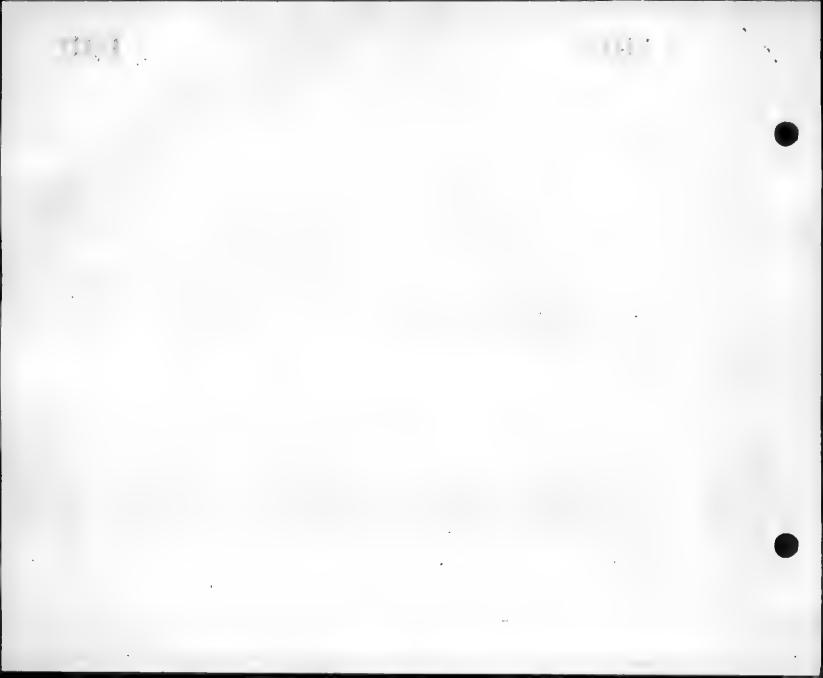
14419

_											
1		nt to mary		MAR	YLAND	2 USUAL RESIDENCE () a STATE Vingi	Where deceos	sed lived, if institution b COUN?		before admis	sian)
Г	b CITY OR TOWN (IF o	outside corporate limits	i,	c LENGTH OF STAY	IN 1b	c CITY OR TOWN (If ou		ite limits, write RURA	ll and give	nearest tawn)	
L	write RURA, and g	As usoiszi idatul		49 Days		Mc Lea	n			1	
	d. NAME OF HOSPITAL	OR INSTITUTION (If no	it in haspital, g	give street address)		d STREET ADDRESS			-	e IS RES	
	U.S. Naval				Land	6518 Dryd		ive		YES _	FARM?
3	NAME OF DECEASED		st	Middle		Last	4. DATE OF	Month			eor .
L	(Type or print)	Cat	-1	Ernest		MILLER	DEATH	Octob		75 19	
5	SEX 6	COLOR OR RACE	7 MARRIED	NEVER MARRIE		B. DATE OF BIRTH		lost buthday)	Months	PEAR IF UND	ER 24 HRS
L	Male	Cauc	WIDOWED	DIVORCE		16 July 19		DO Atz	MOTING I	Julys Tiduis	SATEL
	o USUAL OCCUPATION (C			ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fa	reign country)		EN OF WHAT	
d	ring mast at working life Electronic	s En.75.ne e:		DUSTRY		Alexand	er. No	orth Carol	lina	TJS A	
1	3. FATHER S NAME					14. MOTHER S MAIDEN					
ı	Obe Miller					Myrtle T	eague				
3	S WAS DECEASED EVER II Yes, na, ar unknown) (15		16.	SOCIAL SECURITY NO.	17, 1	NFORMANT		6518 Bodres	đen Di	rive	
1	Yes, na, arunknawn) (() Yes	yes give war ar dates a L925 1 95!	f service)	27-48-8298	Mrs	. Thelma Mi	Tler	· ·			
	PART I DEATH // 2 / Conditions, if any, wrise to immediate costaing the underly lost.	DUE hich gove) ause (a), ((o) <u>Bronc</u> 10 (b)	(0), (b), and (c)) hogenic ca	arcin	oma with wi	de spi	read metas	stasos	INTERVAL B ONSET AND	
ATION	PART II OTHER SIGN	IFICANT CONDITIONS C		O DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19. WAS AU PEREOR YES 2	TOPSY MED? NO
CEDTISICATION		CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY O	CCURRED	Enter nature of injury in	Part I ar Par	t II of item 18.)			
AACDSCAL	p m.	19	While at work	c L at wark L	fact	E OF INJURY (Hame, farm ary, street, affice bldg., etc.))	(City ar town)	(Caun	"	(State)
	21. I certify saw the deci	that (1) (this has eased alive an	pital) attend L5 Octo	ded the deceased ber 19 66,	fram <u>6</u> and that	September, 1 death accurred at	9 <u>66,</u> t 935A n	a <u>15 Octo</u> 1, fram causes a	ber19 <u>66</u> Ind on the	⊇, that (1) e date state	(we) last ed abave.
	220. SIGNATURE	Braun	M.	201	J.M		MED DIRECTOR	STAFF X	22b. DAT	etober	1956
	22c. PHYSICIAN'S NAME (Type)	illiam L.	Branne	Jr. LC	DR MC	U.S. Nava	l Hos	oital, Bei	thesda	a, Mary	rland
2	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THE		23¢ NAME OF CEM Arlington				CATION (City or Tow Arlington	,	ounty) Lrginia	(State)
-	24. FUNERAL DIRECTOR					Avenue ^{250. RECT}	D BY REGISTE	RAR 2Sb. REG	ISTRAR'S SIG		
E	.A. Pumohr	ev Funera	Home	Retherds	мати Мати	land DATE O	CT 20	1966 8	Mlay	les Ju	tge.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



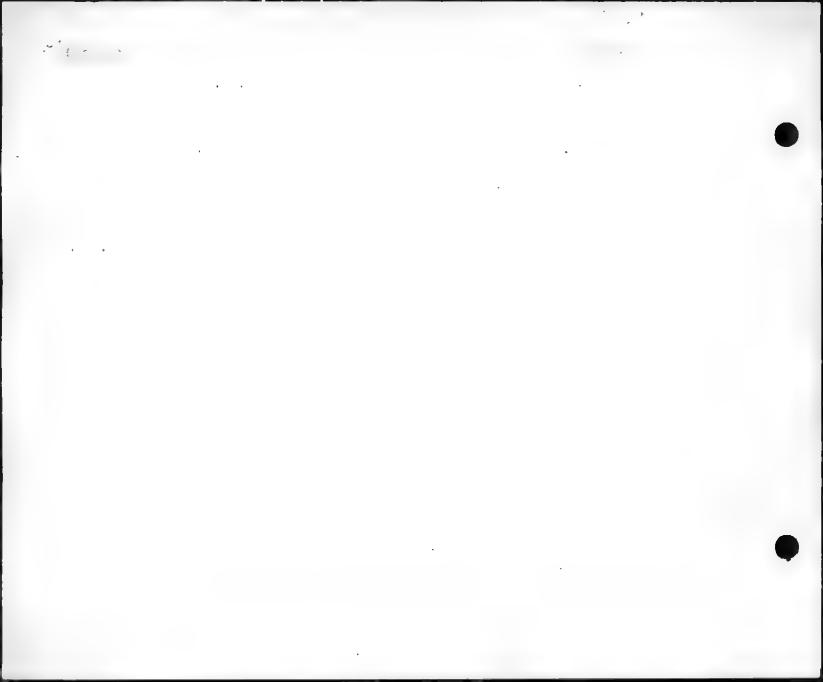
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14420 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 Bours after Seath. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Rian and campletely filled in by the funeral fease remove carban papers. Pages I god and in any event, within 72 hours after deast PLACE OF DEATH o. STATEMaryland o. COUNTY b. COUNTY Montgomery Montgomerv MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 6 days. write RURAL and give nearest town) Gaithersburg . Md. d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 621 N. Grederick Ave. Montgomery General Hospital NO V YES 3. NAME OF 4 DATE First Middle Lost Month Year DECEASED (Type or print) Oct. 66 Esther Mae Miller DEATH IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED X **NEVER MARRIED** B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Hours White 5-29-07 1900 WIDOWED DIVORCED Female 10a JSUAL OCCUPAT ON (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY Homemaker during most of working life, even if retired) Maryland USA 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, signed by the attending phy Charles Earp Lou Jefferson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Montgomery Gen. Hospital Olney Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar atterning physician. DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21 I certify that (I) (this haspital) attended the deceased from 1004/ , 1966, to lick le , 1986, that (1) (we) last sow the deceased alive an Coct 5" 1966, and that death accurred at 5:15ath from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF **ATTENDING** director, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr.A.D.Bonifant 230 NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) 0-8-66 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL-DIRECTOR 2So REC'D BY VR A15 (4) 20 M 1/66 Gartner

3 , 0

and 3 ta P.M3. Page death. delay after (hours Give Pages State This certificate shauld be executed within 24 haurs after death with he within along v event in pental in Item 1 Office Examiner gup permit. Chief Medical removal "pending" burial-transit ä writing the ward crematian, ₽ В farwarded SD burial, (please execute the certificate, D pe prior 3 shauld should OTCAL EXAMINER: agent, FUNERAL DIRECTOR: Page designated funeral directar. TO DEPUTY pe Ö Health the : 90

2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest towns 23 days/llhrs TAKOMA PARK Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 429 Butternut St. N. W. Washington Sanitarium & Hospital YES NO X NAME OF M-ddle 4 DATE Month Lost Year DECEASED OF 19 66 Minnie Bickel Miller October (Type or print) DEATH IF UNDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF JNDER 24 HRS 7 MARRIED NEVER MARRIED Jost birthdoy) 3-24-75 Doys Hours Min 9 Female White WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done IND KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRYS during most of working life, even if retired) **NDUSTRY** Pennsylvania 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME FREDERICKA APFELBACH WILLIAM BICKEL WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes never unknown) (If yes give wor or dates of service) 7600 Carroll Avenue 167-05-1243 Hospital Records INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Bilateral pulmonary embolus IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gave arising from left leg. rise to immediate couse (a). DUE TO stoting the underlying couse last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of tem 1B.) PRIMARY D or CONTRIBUTING D CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 2De PLACE OF NJURY (Home form. (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes X deoth resulted frets Suicide Undetermined mariner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE NAME (Type) BURIAL REMATION 23€ NAME ETERY OR CREMATORY REMOVAL (Specify) 24. FENERAL DIRECTO REC'D BY REGISTEAR RÉGISTRAR'S SIGNATURE 1966 DATE

VR A15ME (5) 6M 1766



CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) completely filled in by the funeral ove carban papers. Pages 1 and o. COUNTY MARYLAND ONT Gom try b CITY OR TOWN (If gutside carparate limit CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Silver Spring ve carban popers. Pag event, within 72 hours d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Hosp. of Cross YES NO NAME OF Middle DATE Lost DECEASED 19 66 Frazzer Neuton Monlgomery 10 (Type or print) IF UNDER 1 YEAR TIF UNDER 24 HRS. 9. AGE (In years X 7 MARRIED NEVER MARRIED remove last birthday) Days Haurs Male QILY WIDOWED DIVORCED 9-3066 12 10a. USUAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY COUNTRY? Montcomery Co. 13. FATHER'S NAME Trazier Mont ss been signed by the attending as the buriol-transit permit. It prior to buriol, cremation, or rem 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war ar dates af service) Chart 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)," INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gave nse to immediate couse (o). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health YES [NO و 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, affice bldg . etc.) Not While ot work 1 12 160, 19_, that (1) (wa) last 21. I certify that (1) (this haspital) attended the deceased fram_ 13/1,60 . 19 , ta_ director, page 3 should should be filed with the 9 19 , and that death accurred at 650 M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) M/ Jun / m 23d. LOCATION (City or Town) 23g BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Dickerson, Md. TREMOVAL (Specify) 10-5-66 Dickerson 24. FUNERAL DIRECTOR
Francis H. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Laytonsvi Ile, Md. Barber VR A15 (4) 20 M 1/66

- 1 + 1 4/ "

. . .

ø

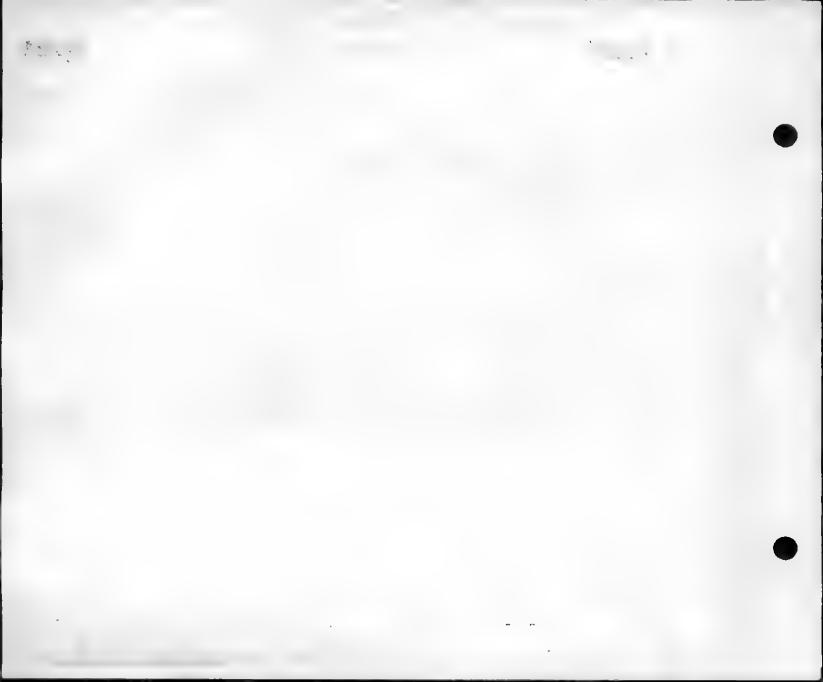
.

- 2			14423			CERTII	FICATE	OF DEATH		1-	423
funeral funeral and and a		1, 1	LACE OF DEATH D. COUNTY Mont	gomery		MAR	YLAND	- CTATE	(Where deceosed live	d, if institution Reside b COUNTY	nce before odmission) Montgomery
uted within 24 haurs after impletely filled in by the fur re carban papers. Pages 1 event, within 72 haurs after				ve neorest town) 01ney		c. LENGTH OF STAY DOA	IN 1b	Spencerv		ls, write RURAL and gr	ve neorest town)
ficate by expected within 24 hay sicion, and campletely filled in the please remove carban papers.	T	(NAME OF HOSPITAL Montgomer	or institution (If no y General	t in hospitol, g Hospit	al, Olney	,Md.	d. STREET ADDRESS None			e is residence on a farm? yes \ no \
d withi letely f arban nt, with			NAME OF DECEASED Type or pant)	Kenne	th	Russell		oore lost	4. DATE OF DEATH		Doy Year O 19 66
d camp			Male W	COLOR OR RACE	WIDOWED	NEVER MARRIE		DATE OF BIRTH 6/21/08	58 lost	(In years IF UNDER birthday) Months	Doys Hours Min.
cian and		dur	usual occupation (G ng most of working life Labo	ive kind of work done even if retired) rer	INI	ND OF BUSINESS OR DUSTRY Sh Dispos	al	11 BIRTHPLACE (Count	nđ	ountry) 12 C	TIZEN OF WHAT DUNTRY? USA
g physi Then physi moval,			FATHER'S NAME Unless	11000	hami	1 Mac	rre.		KEEPIN (Blate,	lliams
ne Teath cer attending p permit. The ian, ar remo		1S (Ye	WAS DECEASED EVER IN s, no, or unknown) (If No	t u.S. ARMED FORCES? yes give war ar dotes o	f service) 16 S	1001AL SECURITY NO 4-14-8204	4	mily, Sp	encervill	Address e, Marylan	d
= 0 =			18. CAUSE OF DEATH	IMMEDIATE CAUSE	(o) Tm.	(a), (b), and (c))	UI	n action.	- Bonte,	cx, wall	ONSET AND DEATH
equires that a physician. signed by the burial-transit burial, crema			Conditions, if ony, wi	ouse (o),	(b) A++	10.05cles	olic	Ocelvan		Cormany	hours
a law re tending as been as the prior ta			stating the underlyi	ng couse	(c) A++	DEAD SCIE		-Coverage HE TERMINAL DISEASE CO	4 As 60	JenScies	19. WAS AUTOPSY
ICIANE TIME outal or att tificate has d far use a	-2	CERTIFICATION	200. ACCIDENT WAS U	per lens	1001 -	mild	5956	Enter noture of injury in			PERFORMED?
			OR CONTRIBUTING (IF EITHER, NOTIFY ME) 204 TIME OF INJURY	CAUSE OF DEATH DICAL EXAMINER)		JURY OCCURRED		E OF INJURY (Home, for			ounty) (Stote)
by the has frer this ce be detache State Dept.		MEDICAL	Hour a.m. p.m.	19 that (1))(this hos	While of work	Not White at work	focto	ry, street, office bldg , et		ì	66thor (D(we) last
= T < T 0			saw the dece	ased alive on	bildi) orient	7 19.66,	and that	death accurred o	7:35P _M , from	m causes and on	the date stated above.
ed a Se be	<i>\$</i>		22c. PHYSICIAN'S	John R. S	Ap	ences	M.D ميا	22d. ADDRESS	DIRECTOR L	STAFF PHYS.	
Page 4 may 8 O FUNERAL D director, pag	1	230	NAME (Type) BUR AL, CREMATION,	23b. DATE THE		2350 NAME OF CEM	ETERY OR C			Rd., Burt	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	B		FUNERAL DIRECTOR	10/23	166	ADDRESS,	Con	netery	CD BY REGISTRAR	2Sb. REGISTRAR'S	
VR A15 (4) 20 M 1/66	B)		Davith	(1).	Vila.	318 Va	eyer	DATE	OCT 25	1966 pelu	weles Judge

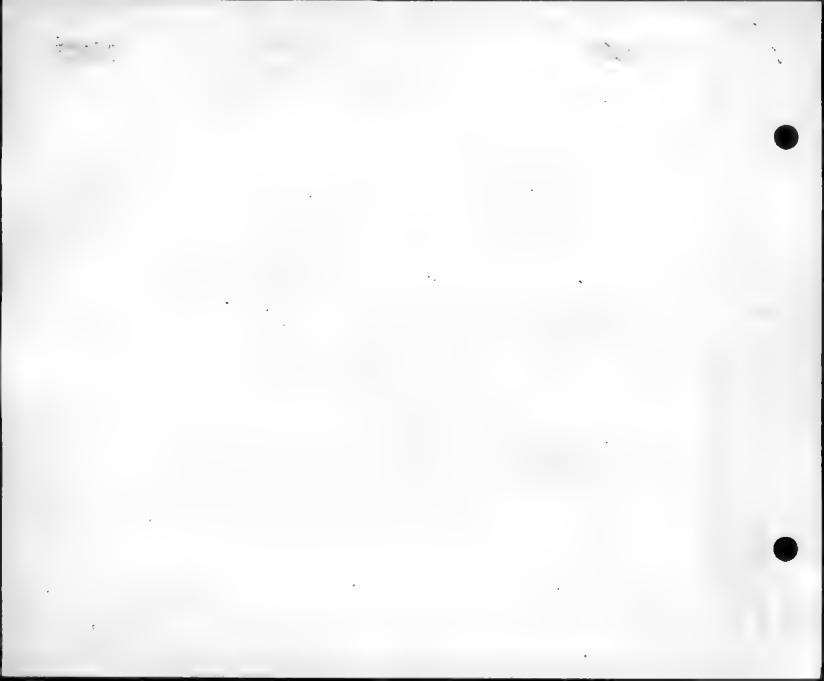
:

	2)	14424			CERTIFIC	ATE	OF DEATH			1	4424
deof	ond r deoth			ACE OF DEATH COUNTY	gemeky		MARYLAN	ın I	2. USUAL RESIDENCE o. STATE	(Where deceased live	. IS COUNTY		re admission) /
after	ne fi	-	b.	CITY OR TOWN (If outside	corporate imits.	(LENGTH OF STAY IN 11		c. CITY OR TOWN (If	outside corporate lim		nd give neore:	st fown)
UIS	Page Page			write RURAL and give neo	rest town)		5 days		Suit	and			4
윤	in Bers. 2 ho		ď	SILVER :	ITUTION (If not in h	iospital, give	street address)		d. STREET ADDRESS		LA:		e IS RESIDENCE ON A FARM?
n 24	papi papi in 7	//1	R	andelph Hi	1/s Nun	ESING	Home		4810	Eas Tex	en Ab	TE.	YES NO X
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death	purposes. Signed by the attending physician and completely filled in by the funeral signed by the attended burial-transit permit—then please remove corban papers. Pages I and burial, cremation, or removal, and in any event, within 72 hours after deat		D	AME OF ECEASED ype or pnnt)	IN A		Middle	M	Last	4. DATE OF DEATH	Month Octobe	Day R 25	
artec	rmpl ve c	Ī	S 51	,		AARRIED _	NEVER MARRIED		DATE OF BIRTH	lost	(In years IF birthdoy) Mo	nths Days	IF UNDER 24 HRS. Hours Min
exec	d cc emo			emale wi		IDOWED 🔽			5-10-1	894 7	72 yrs		
pe	e re		10o.1	ISUAL OCCUPATION (Give kind g most of working life, even it Housewife	l of work done i retired)	106 KIND INDUS	OF BUSINESS OR TRY		11. BIRTHPLACE (Coun	-	ountry)	12 CIT ZEN OF COUNTRY? USA	WHAT
ote	leas			Housewitm					New York 14. MOTHER'S MAIDEN			USA	
ŧ	phys en p			Vard Algate					Lois Dan				
8	72× 1	ŀ	15.	WAS DECEASED EVER IN U.S. A	RMED FORCES?		IAL SECURITY NO.	17. IN	FORMANT	itey	Address		
deat	The second		(Yes,	na, ar unknawn) (If yes give	e war ar dates af serv	ice)		Bet	ty Gray	4810 East	tern Lan	e Sui	tland Md
皇	e at t per	ŀ	T	18. CAUSE OF DEATH (Ente	r anly one couse pe							[N]	TERVAL BETWEEN
pot a	y th ansi				NUSED BY. MEDIATE CAUSE (o)	Car	CINOma	10	5/5			- 2	ISET AND DEATH
quires the	ed 무슨			1992. Canditiáns, If any, which ga	DUE TO	19	,		(6	/	1411	1	-3.6
deir Spiece	sign buri		- 1	ise to immediate couse (a), (CORC	IN oma		5 519	maia a	nd Blace	10R 4	2.5
i v	us been as the prior to			tating the underlying cou	(c)								
e lo	os been as the prior to		<u>.</u> ,	PART II. OTHER SIGNIFICANT		BUTING TO D	DEATH BUT NOT RELATE	D TO TI	IE TERMINAL DISEASE C	ONDITION GIVEN IN I	PART I(o)	19	WAS AUTOPSY PERFORMED?
£ 5	icate ho for use Heolth	6	ATIOI	Generaliza	ed a RT	ER10	séleros	15					ES NO X
NA	동한		CERTIFICATION	200 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	ING 🗆	20b DESCR	IBE HOW INJURY OCCU	RRED (E	nter nature of injury i	Port I or Port II of	ıtem 18.)		
75	his certifi stoched Dept. of			(IF EITHER, NOTIFY MEDICAL E	XAMINER)								
H = 9	this certi detoched te Dept. of		MEDICAL	20c. TIME OF INJURY Monti Hour o.m.	n, Day, Year	20d INJUI	RY OCCURRED 20		OF INJURY (Home, for y, street, office bldg., et		or town)	(County)	(State)
S E	(fter ff be de Stote		*	p.m.	19	ot work L	J ot work □			·	10106	10///	1 . (1) () 1
S S	t: Af		- 1	21. I certify that saw the deceased) attended	the deceased fro 19 <u>66</u> , and	im(I that	denth occurred o	19 <u>146</u> , f0 of /243, M. fro	m conses and	, 19 <u>.6/</u> €, 11 .an the da	nat (I) (we) la te stated ahav
A E di	6 5 4		ŀ	22a. SJONJATURE	dive dii	2		à				22b. DATE SIG	
8,9	ed %		-1	& dynie	nd Ti	50	nack	M D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	10/20	5/65
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re	for EVNERAL DIRECTOR: After this certificate has been director, page 3 should be defoched for use as the should be filed with the Stote Dept. of Health prior to	/		22c. PHYSICIAN'S	ymond	7. 1	BENACK	MO	22d ADDRESS	o're Di	eive, W	heator	n mid
HOS	recto oulc		230	BURIAL, CREMATION,	23b. DATE THEREOF		23c. NAME OF CEMETER				N (City or Town)	(County	.,
2	5 p 2			REMOVAL (Specify) SUTIAL FUNERAL DIRECTOR	10-29-66	1	Lauderdale		OC- DC	Fort :	Lauderda	.1e RAR'S SIGNATU	Florida
			44.	LUMERAL DIKELIOK		000 0	ADDRESS	0.1	230, KE	D DI KEGISIKAK	230. KEUISTI	AL S SIGNALO	NI.

VR A15 (4) 20 M 1/66

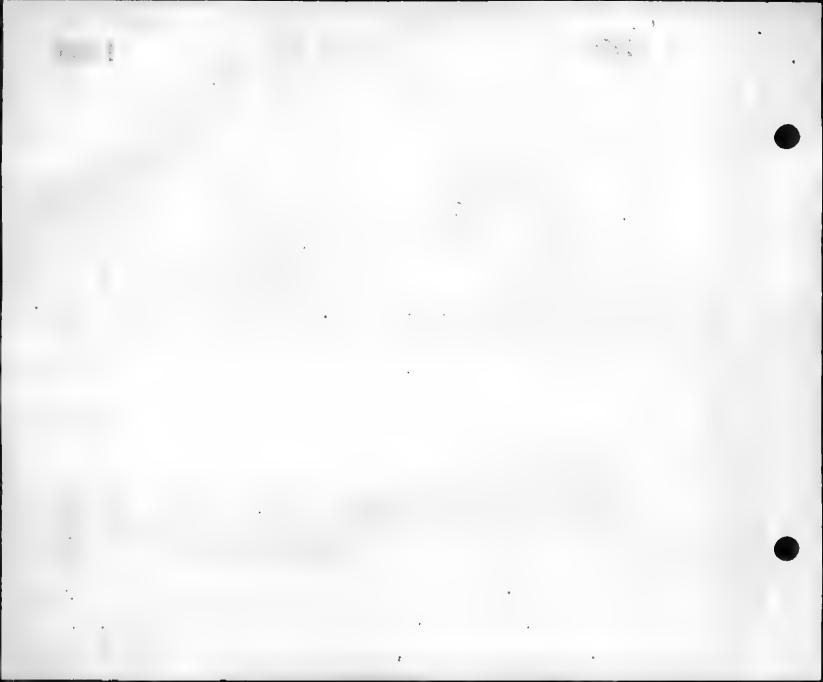


- /	W			14425		CER	TIFICATE	OF DEATH		1	4425
death	a la			LACE OF DEATH					(Where deceased fived, if institu		ce befare admission)
er deat funera		/	1	COUNTY - FRAME	17.1		MARYLAND	o STATE	b. (00	voles	Control
afte he	ges	Ì	-	CTY OR TOWN (If autside	cardarate firmits.	c LENGTH OF S	TAY IN Ib		autside carparate amits, write RL	RAL and give	nearest toskn)
aurs afte by the f	s Pages I haurs after		8	write RURAL and give no	ar os t town)	13da		Beticle	dal	,	~ !
in the	rs 2 ho		(NAME OF HOSPITAL OR IN	ISTITUTION (If not in baspi		5/-/	d STREET ADDRESS	1		e. IS RESIDENCE
nn 24 filled	ban papers within 72 h	٠.		aburban	Hamita			582200	one cake De	,	ON A FARM? YES NO S
曹 申	e fe		3 1	IAME OF	First	Middle	9	Last	4. DATE Mor	ith .	Day Year
ecuted with campletely	arb , '		. (PECEASED Type or print)	ROSS	A.	moss	bury	OF DEATH (C'C)	f.	14 1966
utec mpl	e ci		5 5		OR OR RACE 7 MARR	IED NEVER MA	RRIED B.	DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER 1	
nxec 1 ca	ease remave carban and in any event, with		n	79/E W4	PILE WIDOV	VED 🗍 DIV	ORCED /	1034-14	5 / Yrs	Months	20
be ≡x			100	USUAL OCCUPATION (G ve king most of working life, even	nd of work dane 0	NIND OF BUSINESS	OR .	11 BIRTHPLACE (Cour	ty & State or fareign country)	12 CIT	IZEN OF WHAT
ign te	please and ii		200	hadule 11	TAKER &	O.C. IPA	1751	Mary	1Land	10	. D.C.
Fig.	4		13.	FATHER'S NAME	7.1 7			14. MOTHER'S MAIDE	NAME O		
er de	5/6)			Marles	V (1). 18	105500	IR9	Xelia	6. POOL	<u> </u>	
that the death certificate be executed within 24 haurs after an an by the attending physician and campletely filled in by the fu	permit in			WAS DECEASED EVER IN U.S., no. aggryKnawn) (If yes gi		16 SOCIAL SECURITY	NO 17 IN	FORMANT Bett	y R. Mossbor	ğ	-1
dec	n, o		1,0	1/0		0/18-10-	DOAL	Wite			Same
the o				18. CAUSE OF DEATH (En				U			INTERVAL BETWEEN
y #	-transit , crema			PART I. DEATH WAS I	AMEDIATE CAUSE (a) Ga.S	trointest:	inal her	morrhage			3 ONSET AND DEATH
SS T	# E		- 1		DUE TO						
quir shys igne	urio			Canditions, if any, which grise to immediate cause	(0)	ture, esop	ohageal	varices			
ng p	to b			stating the underlying co	ouse DUE 10	-1					
Per Per	as the priarta			last.		rhosis, li		If Provided Discour	CAMPITION CHICK IN BART 17		19 WAS AUTOPSY
The after has	use of		S	PART II OTHER SIGNIFICAN	ve ascit	NG TO DEATH BUT NO	I RELATED TO THE	ELOCEMIC CL	ONDITION GIVEN IN PART 1(a)		PERFORMED?
or or	far use Health	*	2	20o ACCIDENT WAS UNDERL		-77			n Part I ar Part II af item 1B.)		YES 🛣 NO 🗌
of all	-		CERTIFICATION	OR CONTRIBUTING CAUSI	E OF DEATH	. DESCRIBE TOWN INDU	KT DCCOKKED (I	cinei notore di mijory i	ii rair i ai rair ii ar iiain 16.)		
Has has	detached e Dept. o			(IF EITHER, NOTIFY MEDICAL		Od INJURY OCCURRED	20e PLACI	E OF INJURY (Hame, fa	irm, 20f (City or town)	(Cau	inty) (State)
# 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	e De		MEDICAL	20c. TIME OF INJURY Man Haur a.m.	V	Vhile Nat While		ry, street, affice bldg , e			(30,00)
by fer	be de State	1		p.m.		wark ==== et wark	red from	10-3-	1966 to 10-1	3 10/	S that (I) (wa) last
END ed	T (0)			sow the decease	d alive an 10-	-/3 - 1966	and that	death accurred	at 5 % M, fram causes	and an th	he date stated abave.
T a E	등 는			22a SIGNATION	1/1/	7	- 7				ATE SIGNED
OR be re	2 €		-1	keuw	no 16 - 10	hum	- / M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	10	-14-66
AL O	f-land	- 1		22c PHYSICIAN'S	A	Talled	7-7-0	22d ADDRESS	-1 - /	. 72	77 . 1. 1. 1
FRA ERA	d be	-1		NAME (Type)//	VWOOD IF	JoHNS	WYR.	14405	E-W Highway	120	, Indrae, Will.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR:	director, page 3 shauld shauld be filed with the		23a	BURIAL, CREMATION,	236 DATE THEREOF		CEMETERY OR C		23d LOCATION (City or T	awn)	(Caunty) (State)
0 P 0	声수	X			10-17-66		of He				g, Maryland
	L15 (4) A 1/66	2		FUNERAL DIRECTOR OBERT A. F	HIMDUDEV	ADDRESS		7	C'D BY REGISTRAR 2Sb. R	REGISTRAR S SI	Was Judas
20 N	A 1/66	-7	Tr	OTHER EFF. E.	OTH THEFT	recitedra	a right A	DATE DATE	OCT 19 1966	1	10



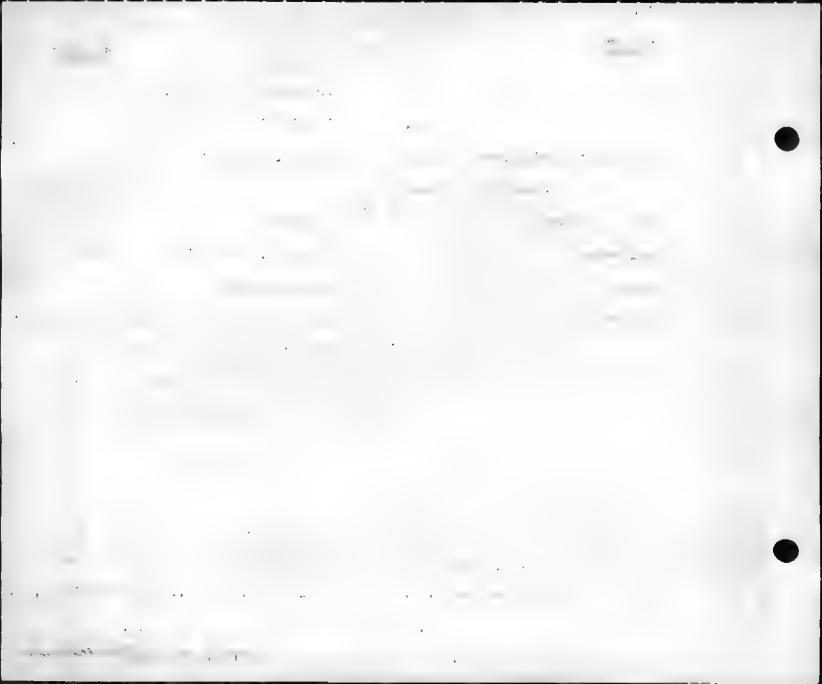
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14426 CERTIFICATE OF DEATH campletely filled in by the funeral ave carban papers. Pages 1 and 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomery b. COUNTY montgomery MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If guitside cornarate limits. c. CITY OR TOWN outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kensing papers. d STREET ADDRESS IS RESIDENCE ON A FARM? NO X 3. NAME OF pan DATE Middle Day Уест DECEASED (Type or print) 3 10 nundy 19 66 LOUIS DEATH IF UNDER YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH AGE (In years 6 COLOR OR RACE **NEVER MARRIED** last birthday) WIDOWED 5 DIVORCED male rem 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT phytician during most of working life, even if retired). COUNTRY? INDUSTRY Retired from Gov Indiana 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, William Mundy Mathilda Krebbs attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknawn) [(If yes give war ar dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Daughter Address Same as Item 2. 579-60-4176 Mrs. Ira Shoemaker No INTERVAL BETWEEN signed by the a burial-transit pe burial, crematia 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20g. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o.m. Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram. director, page 3 shauld shauld be filed with the and that death accurred at 72-M, from lauses and an the date stated above saw the deceased alive an 22b DATE SIGNED 22o. SIGNAJURE ATTENDING PHYS. STAFF DIRECTOR PHYS. **ADDRESS** 22c PHYSICIANCS Page 4 may NAME (Type) CURRY JOHN23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. 23b. DATE THEREOF Burial (Specify) Mt. Olivet Cemetery Washington. 11-4-66 2So. REC D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 2Sb 24. FUNERAL DIRECTOR YR A15 (4) 20 M 1/66 1966 PUMPHREY, Bethesda, Maryland

requires that the death certificate be executed within 24 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14427 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. physican and campletely filled in by the funeral en please. Pages 1 and 2 ond, and in any event, within 72 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH T Prince Georges A COUNTY Montgomery COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give nearest town) Wheaton l mo. Morningside d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET AGORESS e IS RESIDENCE ? University Nursing Home 5717 Offutt Drive YES NO [3 NAME OF Middle 4. DATE Last Month Day Year DECEASED OF 3 John Francis Nassif 10 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR 5 SEX IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIEO NEVER MARRIED DATE OF BIRTH lost birthday) Months Hours DIVORCED WIDOWED 5/15/1897 69 Male White 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or fereign country) during most of working Life, even if retired) COUNTRY? **INDUSTRY** Tool maker

13. FATHER'S NAME Stamford, Connecticut
14. MOTHER'S MAIOEN NAME TISA e attending phys permit. Then p tian, besemoval, Joseph Mary Farbart 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, ar unknawn) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. INFORMANT Address Mrs. Ann Moreno 4900 O Street Hillside, Md. Unknown crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) physician. DUE TO burial, Canditions, if any, which gave (b) rise ta immediate cause (a), **DUE TO** aftending p stating the underlying couse has been as the last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION Health NO O FUNERAL DIRECTOR: After this certificate by the haspital ar ρ 20a. ACC. DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH ď detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept 20e. PLACE OF INJURY (Hame, farm. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg., etc.) State | at wark at wark 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 1966, and the be retained 3 shauld with the 5 1966, and that death accurred at M. from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF director, page 3 shautd be filed v M.D. **OIRECTOR** PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may NAME (Type) William Brainin. 6124 Central Ave., Capitol Heights. Md 23g. BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) NE COLLYET/ CENETER WASHINGTON D.C. FUNERAL HOME ADDRESS 25b. REBISTRAR & SIGNATURE VR A15 (4) 20 M 1/66 1966 TLAND ROLISUITEANDERD



TO EISENITE OF TITENING PRYSICIAN. The Two remains that the death certificate be executed within 24 hours after leath. Page 4 may be retained by the hospital or attending physician.

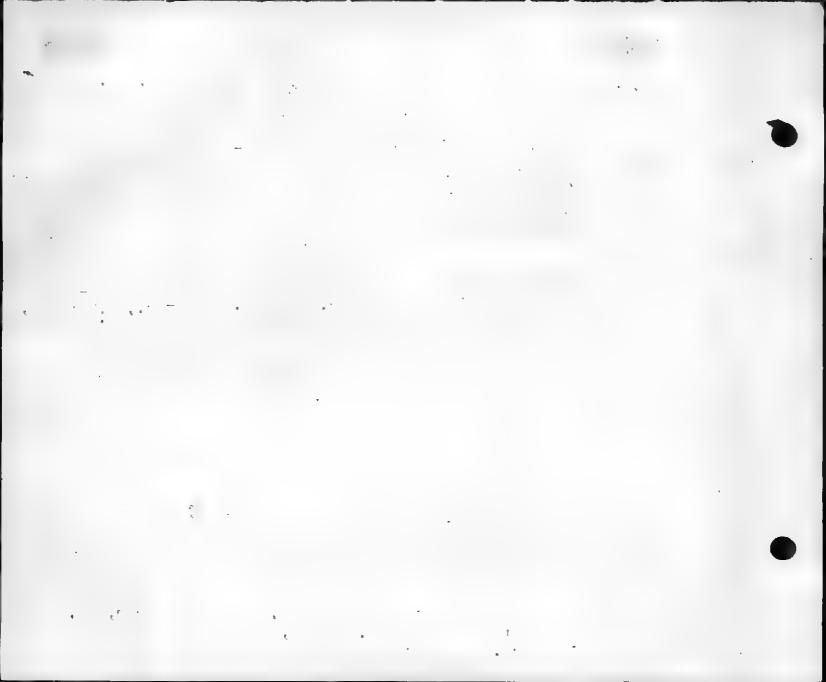
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEA

RCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
CERTIFICATE	OF DEATH		14428

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admissign)
MONTGOMERY MARYLAND	a. STATE Maryland Fr. Geo.
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR YOWN (if outside corporate limits, write RURAL and give nearest town)
SILVER SPRING. 1 MONTH, 9 days	Laurel /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE
2/0/	ON A FARM?
Fairland NURSING Home FAIRIAND R.d.	Route 2 - Box 117 YES ND X
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Albert Bervard	Neal DEATH 10 - 16 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
male WIOOWED DIVORCED	5-20-1877 89 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 7	11. BIRT HPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?
Garat Far	Kentucky USA
Q8. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LIM MEDAR NOAL	Transhina Pachinall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 104 31 ct
(Yes, no, or unkown) (If yes give war or dates of service)	- TO OTA-
	Mr. Oscar T. Neal -St. Mt. Rainier,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	(SON) NIC INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ra of Cordiac Piling
7.5.0.0 DUE TO	
Cenditions, if any, which (b) When Resh	instory In Petron
gave rise to immediate (
cause (a), stating the underlying cause last.	rosis
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TA T	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING TO 1 200. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU BY OR CONTRIBUTING [] CAUSE OF DEATH CIF EITHER, NOTIFY MEDICAL EXAMINER)	TAKED. (Eliter lightly in fait I with a light 100)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
B 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA factor 2Dd. INJURY OCCURRED 2Dd. INJURY OCCU	ry, street, office bidg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	, 1960, to 9-10, 1966, that (I) (we) last
saw the deceased alive on $9-221966$, and that	t death occurred at 20 P.M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Idalo turanduer M.O	ATTENDING MED. STAFF 19-16-66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
232. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL 10/19/66 Fort Linco	oln Cem. Colmar Manor, Md.
	ainier 25a. Rec'd by registrar 25b. Registrar's signature
3 4	DATE OCT 20 1966 Polyantes Judge.
Funeral Home Inc. Maryland	DATE III. A U ISIDO ACTORNA AMOSTO

VR A15 (4) 1/65



FOR STATE

please execute the certificate, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. slay is necessary, EDICAL EXAMINER. This certificate should be executed within 24 hours after death. If an

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14429 14424

1, PLACE OF DEATH . COUNTY	2. USUAL RESIDENCE (Where decresed lived, if institution: Residence before edmission
MONTGOMERY MARYLAND	MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (if outside corporete limits,	c. CITY OR TOWN (If outside ecrporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
_ Bethesda Do.H.	GAITHERS BURG
d. NAME OF HOSPITAL OR INSTITUTION (at not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM
Subcer BAN	- Koute 3 YES NO
J. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) AH, LIP	NOLAND DEATH OCT / 1966
	DATE OF BIRTH 19. AGE (In years (IF UNDER 1 YEAR) IF UNDER 24 HRS
MALE NEGRO WIDOWED DIVORCED	Sept. 13, 1914 lest birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even If retired)	MARYLAND U.S.A.
LABORER 13. JATHER'S NAME	MARY AND U.S. A. 14. MOTHER'S MAIDEN NAME
is. Wither S INAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. E	NETTIE MACABEE NFORMANT Address
(Yes, no, or unkown) [[fyesgive werordates of service)]	2
	Anna PARIS - SISTER - SAME -
18. CRUSE OF DEATH Enter only one cause per-line for (e), (b), and (c).]	A O O O ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cheungy	tis probable
527/ DUE TO -	1. 1
Conditions, if any, which \ (b) Ntral orca	in generalined!
gave rise to immediate cause	
(a), stating the underlying Sur 10 Companyor	na
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	PERFORMED?
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED.	(Enlar nature of injury in Part I or Part II of item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	, and a second of the second o
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
p.m. 19 al work at work	
21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection X. Inquiry X. and in my opinion
death resulted from: Matural causes XI. Accident Suici	de , Homicide , Undetermined manner
(5)	CHIEF MEDICAL EXAMINER
ACTUAL VIOLE (COST)	M.D. ASSISTANT MEDICAL EXAMINER DATE BIGNED
MILLATURE / SECRETA SECRETA	
EXAMINER'S DE COSAL DE N	1 D DEBUTY MERICAL EXTENSER & OCT. 1. 1966
NAME (Type) / C / C / C / C / C / C / C / C / C /	Address (Street, city, town, or county) CREMATORY 22d. LOCATION (City, town, or county) (Stete)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETRY OR	
BURIAL 196/66 HVIIngton	VatioNAL HYlington VA.
23. FUNERAL DIRECTOR	24s. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	/ A 0 1 (VP) / D 1

VR A15ME SM 1/63

TO DEPUT



MARYLAND STATE DEPARTMENT OF HEALTH							
DIVISION OF STATISTICA	L RESEARCH AND RECORDS	s, 301 W. PRESTON STRE	ET, BALTIMORE 1, MARYI	AND			
14430	Item 10 114	E OF DEATH	144	130			
PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceesed lived, If institution, Residence b. COUNTY	before adr			
Montgomery	MARYLAND	Maryland	Montg.	1			

Item id sice us.	51 1071/56 mh
PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
Montgomery MARYLAND	Maryland Montg.
b. CITY OR TOWN (if outside corporate timits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Beallsville 6 mo.	Mt. Ranier
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS e. IS RESIDENCE
+ . 1 0	4107 - 284 St. ON A FARM?
3. NAME OF First Middle	Last 14. DATE Month Day Year
DECEASED O O	VORRIS DEATH OCTOBER 8 1966
Ellen /	DATE OF BIRTH 19. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MAKKIED MEYER MAKKIED	last birthday) Months Days Hours Min.
Fem. White WIDOWED DIVORCED	Sept. 9. 1880 86 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife Housewife	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Bowman	Catherine Darby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II [Yes, no, or unkown] [(Ifyesg) were orderes of service)	
No (Irresgive wer or detes of service) 220 - 48 - 95/6 C.	W. Norris Beallsville, Md.
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 11. DO ACTATIC	PNEUMONIA ONSET AND DEATH
IMMEDIATE CAUSE [8]	_ / // (section)
Conditions, If any, which	1 magging 1 Care
Conditions, if any, which geve rise to immediate cause	LE 100518
(a), steting the underlying DUE TO	
ceuse lest. (c)	
Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?
Ž	YES NO D
200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED	D. (Entar nature of injury in Pert I or Pert II of item 18.)
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	
	CE OF INJURY (Home, ferm, 2 20f. (City or town) (County) (Stele)
Hour a.m. While Not While factor	ory, street, office bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from I	
saw the deceased alive on O C	death occurred at // 1.37M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING, MED STAFF 22b. DATE SIGNED
tothe stawcell "	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type John G. Fawcett	Boyds, Mary, and.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
REMOVAL (Specify) Burial 10/11/66 Monocacy	
245FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Beallsville Md.
Constance C Helton Barnesville	Md and a spec Menulas udge
Constitution of Alexander	DATE UC 3 1500

VR A15 (4) 20M 5-63



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 20 M 1/66

1443	Į.		CERT	IFICATE	OF DEATH		1	4431	
DE COUNTY	ontgomery		ш	ARYLAND	2. USUAL RESIDENCE (W. o. STATE New	here deceased York	lived, if institut on b. COUNTY		
b. CITY OR TOWN	(If autside corporate limits		c LENGTH OF STA		c CITY OR TOWN (If out		limits write RURAS		
write RURAL on	d give nearest town)	·]	2 mont	hs	1225 Midl			/	,
Poolesvil	TAL OR INSTITUTION (If no				d. STREET ADDRESS	allu A	venue	ie.	. IS RESIDENCE
	Road - Red				Bronxville	, New	York		ON A FARM2 ES NO X
3 NAME OF DECEASED (Type or prnt)	Gerald	-	Middle Carlie	OBE	RHAMMER	4 DATE OF DEATH	October	Dαγ 5	Year 19 66
Female	6 COLOR OR RACE White	7. MARRIED (NEVER MARR		eptember 1			anths Days	Haurs Min
10a. USUAL OCCUPATIO during most of working Recep	N (G ve kind of wark dane the even if retired) Dionist	10b. Kin	ID OF BUSINESS OR PUSTRY		New York	City	- '	12 CIT ZEN OF COUNTRY? USA	WHAT
13. FATHER S NAME					14. MOTHER'S MAIDEN N				
Samuel F	. Heap				Edna C. Sc		•		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates o	f service) 16. S	OCIAL SECURITY NO 1 10 36 5		NFORMANT Daugh s. Sandra O		Address Pooles	ville. M	Iarvland
PART I. DEA / *70 X Conditions, if any rise to immedia stating the undi-	y, which gave the cause (a), erlying cause DUE	(o) BYO TO M&- TO CAY	nchial tastation	Carof	MMONTA, B: MCI NOMA Right THE TERMINAL DISEASE CON	Brees DITION GIVEN	TIN PART I(a)	3 /61	Manths was alltopsy
Z	**							YES	WAS AUTOPSY PERFORMED? S NO
	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY		Enter noture of injury in F		I at item 18.)		
Hour a.	.m. 19	While at work] facto	E OF INJURY (Home, farm ary, street, affice bldg., etc.)		(City or tawn)	(County)	(State)
•	i fy that (1) (this hos teceased alive on	pitel) attend	ed the decease	ed fram , and that	death accurred at	9 <u>66</u> , to.	fram causes and	, 19 <u>66,</u> the d an the date	at (i) (we) la e stated abav
22a JIGNATURE	la M. Ar	The		M.C		MED. DIRECTOR	STAFF PHYS.	5 Oct	
22c PHYSICIAN' NAME (Type	- / \	M. 5n	1. th.	M.D.	10-	nesv		Md.	
230 BURIAL, CREMATI Bur-trans	on, 23b date the 10/5/1		23c NAME OF CE Beachw		emetery		Rochelle		(Store) V York
24. FUNERAL DIRECT	OR		ADDRESS			BY REGISTRA	R 2Sb. REGIS	TRAR'S SIGNATUR	E
Robert A	A. Pumphre	ey B	ethesda,	Mar	yland DATE OF	T 7	1996 00	limela.	On dee

. , , Ž p, 20

death. IN MITEMOING INVINION: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or attending physician. TH HOSMITHL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and completely lied in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of genoval, and in any event, within 72 hours after deather. Page 4 may

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4432

1 .	T.3200	CERTIFICAT	E OF DEATH	14432
1.	PLACE DF DEATH		2. USUAL RESIDENCE (Where dece	ased lived, If Institution: Residence before admission)
	a. county Montgomery	MARYLAND	a. STATMaryland	b. county Montgomery
	b. CITY OR TOWN (if outside corporate i write RURAL and give nearest town)	limits, c. LENGTH OF STAY IN 1b		orate limits, write RURAL and give nearest town)
	Bethesda	years	Bethesda	•
	d. NAME OF HOSPITAL OR INSTITUTION ((if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	5604 Pollard Rd.		5604 Pollard	Rd. ON A FARM?
3.	NAME OF First DECEASED	Mlddle	Last 4. DATE	Month Day Year
	(Type or print) FRANK	E. O'CONNEI	LL, JR. DF DEATH	Oct. 22, 19 66
5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9.	AGE (In years LIE HNDED 1 VEAD HE HNDED SAME
1"-			Jan. 19, 1915	last birthday) Months Days Hours Min.
10 du	a. USUAL OCCUPATION (Give kind of work don ring most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State,	
A	ss't Secy. Home Bui	ilding Assoc.	Virginia	U.S.
1		13 8-	14. MOTHER'S MAIDEN NAME	
16	Frank E. O'Connel		Mamie Gogan	
ίΫ́	5. WAS DECEASED EVER IN U.S. ARMED FORCE es, no, or unkown) (If yes give war or dates of ser	rvice)	INFORMANT father	Same as Item 2
-	Yes WWII		rank E. O'Conne	11.Sr.
	18. CAUSE OF DEATH [Enter only one ca		1 7	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	icule mysica	vaiae uyani	un peu hours
	DUE TO	garage land a	Maria de la se	20:
	Conditions, If any, which gave rise to immediate (b)	sener acrosec a	100 with	co gens
	cause (a), stating the DUE TO	U		9
-	underlying cause last. (c)			
10	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S	allavelles me	clius corn	osis of the	YES NO 🛭
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CREATE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Pai	t or Part of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yea		CE OF INJURY (Home, farm, 20f. (6	City or town) (County) (State)
AED A	Hour a.m.	While Not While at work	ry, street, office bldg., etc.)	
-	21. I certify that (I) (this hespite		Det - 2 1949 to	10-22-, 1960, that (I) (we) last
	saw the deceased alive on		death occurred at 6 A M, from	m the causes and on the date stated above.
	22a. SIGNATURE PRINCE	ued M.D.	ATTENDING OF MED.	STAFF 10-22-66
	220. PHYSICIAN'S CPRYL	AND	22d ADDRESS 49 S	+. WW. Washington Do
23	a. BURIAL, CREMATION, 23b. DATE THE	REOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOC	ATION (City, town or county) (State)
1	Burial (Specify) 10-26-0			hmond. Virginia
24	L. FUNERAL DIRECTOR	ADDRESS		FRAR 25b. REGISTRAR'S SIGNATURE
	ROBERT A. PUMPHRE	Y, Bethesda, Mar	yland DATE NICT 26	1966 Charley Judge

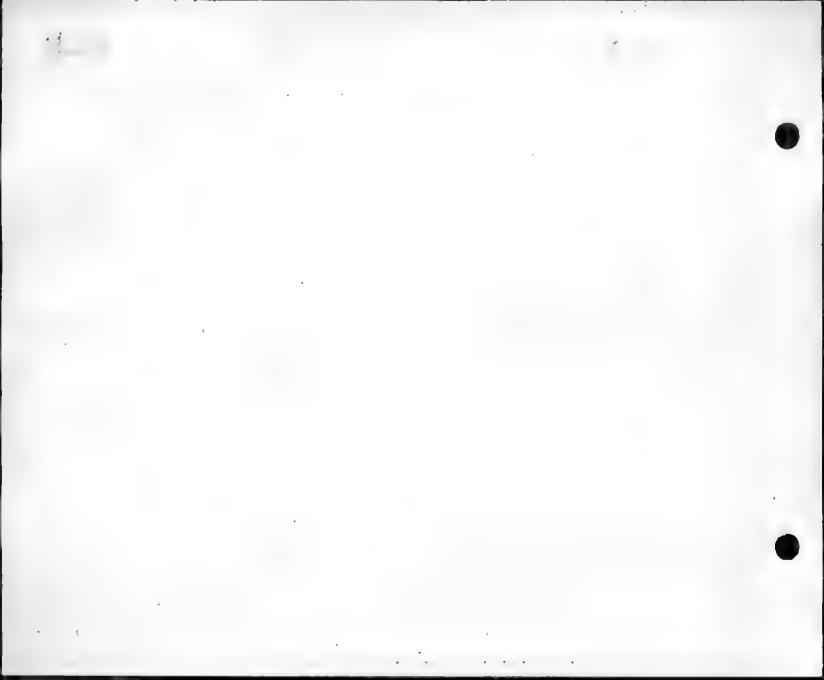
4 • t . • 7 6

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14433

leath	To de	$\Lambda)$		LACE OF DEATH COUNTY /	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY	
ie.	12 - J		11	ON-TOTAL RAY MARYLAND CITY OR TOTAL III outside Amorate limits, C. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outside carparate limits, write RURAL and give nearest Jown)	
haurs after	by the f Pages ours affy		<i>L</i>	write RVRAL and give nearest town)		
hau	n by		10	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)	d. STREET ADDRESS e IS RESIDENCE ON A FARME	<u> </u>
24	filled in papers. thin 72 h	1:	5	Burban Hospital	\$4403 Franklin St. VES NO	
within	ely f			IAME OF First Middle First Ulliam T. C	Lost vest 4. DATE OF DEATH OF 8 1066	_
ecuted	nd campletely remove carbar any event, wi			EX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 F	IRS. lin.
pe ex			quit	USUAL OCCUPATION (Give kind of work done nost of working rele even if retired) INDUSTRY	11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY 3. A	_
that the death certificate be executed within 24				FATHERS NAME HOEST	14. MOTHER'S MAIDEN HAME	
th cer	attending phys sermit then p an, or nemoval,		15		NFORMANY Address (
dea			(Yes	(If yes give war at dates af service) 578-24-1873	Wite-Docchyl. Jame	
ıt the	the attributed sit permanent			1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	tery Occlusion Interval Between	
s the	tran tren			420 DUE TO	Q .	-
Uire	gne			rice to immediate cause (o)	Condia Vascular Desaise	
JW re	as the b			stating the underlying couse DUE TO lost. (c)		
The lo	ate has to the second s	-	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO	×
STITAL	it be		CERTIFICATION	200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 1B.)	
G PHY	of the this ce be detache State Dept.		MEDICAL		CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f (City or town) (County) (State	e)
	Affe be Sto			21. I certify that (1) (this haspital) attended the deceased fram_	Oct. 6 , 1966, to Od. 6 , 1966 that (1) (we)	last
E a	# g g #				t death occurred at 2:00 AM, from causes and on the date stated at	ove.
OR A	DIRECTOR ge 3 shaul led with th			220 SIGNATURE TO RECEIVE MD M.C		
MIAL	7 8 E	/		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 19th St. N. W. Wash. DC	
Pon 0	o FUNIRA director, I should be	1	230.	BURIAL, CREMATION, 23b. DATE THEREOF 23x NAME OF CEMETERY OR OR REMOVAL (Specify))
5 2	5 € €	H	B	REMOVAL (Specify) LINE 1 10-12-1966 Gate of Heal FUNERAL DIRECTOR ADDRESS	aven Cemetery/Silver Spring Md.	
	VR A15 (4) 20 M 1/66	B	4	FUNERAL DIRECTOR GREAT THE TOP AND THE TO	DATE OCT 13 1966 REGISTRARS SIGNATURE	٤_



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	4	4	3	4

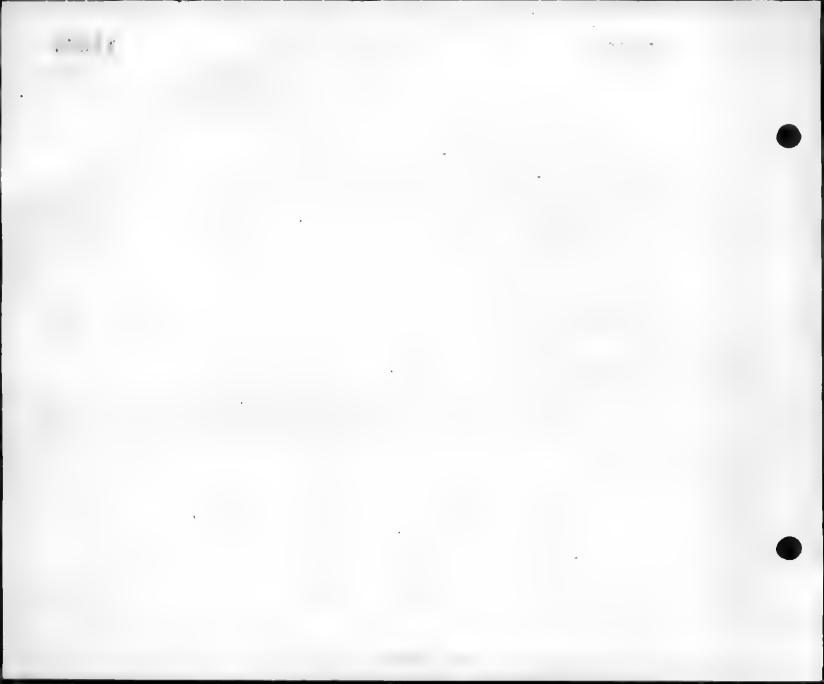
CERTIFICATE OF DEATH

14434

and the		PLACE OF OEATH O. COUNTY 10	2. USUAL RESIDENCE (Where deceased lived, if institut on: Residence before admission)
		MONT SOMERY MARYLAND	Mayland Man-yomery
		b CITY OR TOWN (If outside Corporate limits, C LENGTH OF STAY its 16 write RURAL and give neggest town)	c CITY OR TOWN (If ourside corporate limits, write RURAL and give nearlyst town)
		a Koma Park 17hr 45m	in Hyatsville
		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS
1	1	Washington San. + Hosp.	2218 Charleston Place VES NO X
		NAME OF DECEASED (Type or print) FIG. MAY OSS	SENFORT OF CCT., 30 1966
	5	SEX = 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. OATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	1Gn	LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BLSINESS OR	11' BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT
	dur	ing most of working life, even fretires INDUSTRY	New York COUNTRY? USA
	13.	FATHER S. NAME	14. MOTHER'S MAIDEN NAME
		JAMES MORRISON	CATHERINE IRVINE
	15.	WAS DECEASED EYER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 Ins., no, or unknown) (If yes give wor or dotes of service)	NFORMANT Address
	(10	is, iio, or unknown) (iii yes give wor or doles or service)	HOSPITAL RECORDS
		1B. CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	ral hemontage INTERVAL BETWEEN ONSET, AND DEATH
		4221 DUE TO 1 1 0	
		Conditions, if any, which gove) (b) Cerebral.	Cartenoxcleron untimor
		rise to immediate cause (0), stating the underlying cause (1) OUE TO (1) Carferius Scleratic	Cardio-varcular disease unknown
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
ζ,	CERTIFICATION		PERFORMEO? YES NO
		206 ACCIDENT WAS UNDERLYING TO COURRED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 1B.)
	MEDICAL	Hour o.m. While Mot While foct	CE OF INJURY (Home, form, 20f (City or town) (County) (State) ory, street, office bldg., etc.)
		21. I certify that (I) (this hospital) attended the deceased from C	april 25, 1960, to Oct. 30, 1966, that (1) (we) tast
		saw the deceased alive on Oct 30 1966, and that	death occurred at 32 PM, from couses and on the date stated above.
		220. SIGNATURE	22b. OATE SIGNED
		Qui hag MI	O. ATTENDING MED. STAFF DIRECTOR PHYS. DIPON 10-31-66
1		22c. PHYSICIAN'S NAME (Type) EINO MAGI	831 University Blvd. E. Silver Spring Med.
	230	BURIA, (REMATION, 23b OATE THEREOF 23c, NAME OF CEMETERY OR BUNDA, (Specify) Nov. 2. 1966 Perengill	CREMATORY 23d LOCATION (City or Town) (County) (Stote) Cerneling Hempstead, h. D. New Wint
	24	FUNERAL DIRECTOR	250 RECD BY REGISTRAN 256 REGISTRARS SIGNATURE
	1	attive Epting marking V	OATE NUV 1 1956 Michaeles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2, should be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death. **FO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate, be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

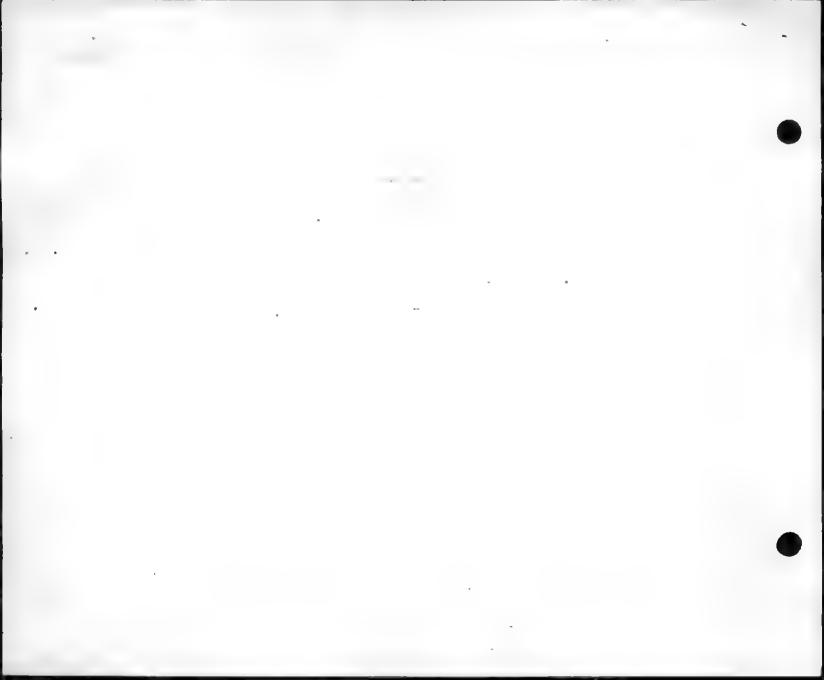


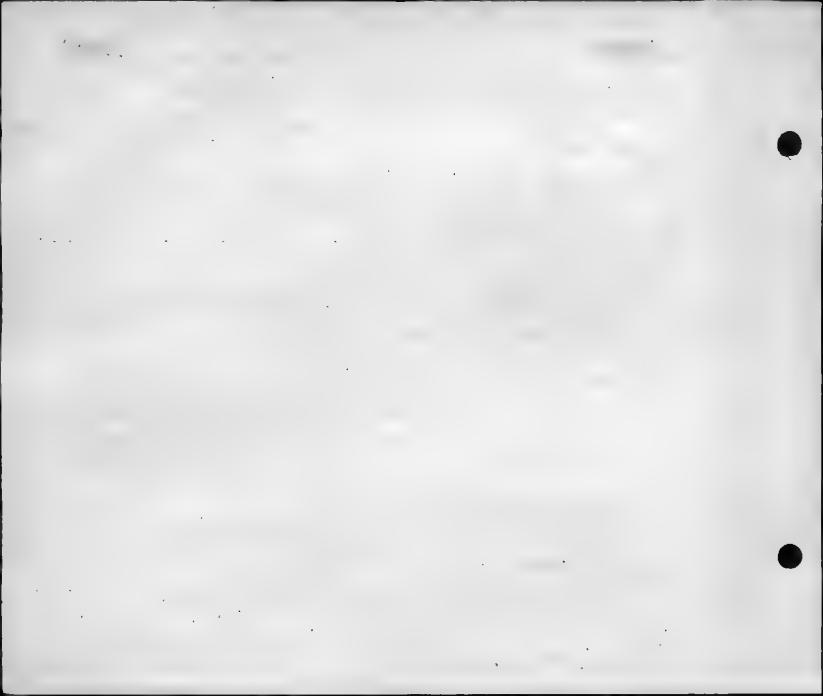
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14435 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY o. STATE 2, and 3 to PM3. Page b. COUNTY 5 death. Montgomery MARY_AND Marvland Montgomery Department b CTY OR TOWN (If outside corporate mits, CLENGTH OF STAY IN 16 c City OR TOWN (If auts de corporate limits, write RURA, and give nearest town) Silver Spring, ofter DOA Wheaton d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE hours along with form ON A FARM? 4022 Jeffrey Street Holy Cross Hospital YES NO NO 8 Give Pages ote be executed within 24 hours after death 3 NAME OF Middle 4 DATE First Lost Month DECEASED 6. October 66 യ William Richard PELLEU 19 66 within (Type or print) DEATH S SEX PAN NEVER MARRIED 6. COLOR OR RACE 8 DATE OF BIRTH AGE (n years IF JADER 1 YEAR F UNDER 24 HRS 7 MARRIED birthdoy) Months White Male WIDOWED DIVORCED Nov. 23. 1928 event 10 in Ifem 100 SUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Vice President

13. FATHERS NAME Insurance Agency any Minnesota e, writing the word 'pending' in pencil is forwarded to the Chief Medicol Examiner. pencil 14. MOTHER'S MAIDEN NAMI ⊆ George B. Pelleu, Sr. Lucille Merryman ond E Wife 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Same as Item 2. (Yes, no orunknown) (If yes q ve war or dates of service) removal, 212-24+2517 Phyllis L. Pelleu Korean Yes 18. CAUSE OF DEATH (Enter only one couse per line for INTERVAL BETWEEN **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 IMMEDIATE CAUSE (o) This certificate should cremotion, DUE TO Conditions, if ony, which gove rise to Immediate couse (a). DUE TO 0 stoting the underlying couse 0.5 last burial, nseq 19 WAS AUTOPSY PART I OTHER SIGNAF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? 0 YES pe 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port I of item 18.) prior 3 should PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH designoted ogent, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE Of .NJURY (Home, form, (City or fown) (County) (Stote) Poge 4 Hour o.m. While Not While factory, street, office bldg, etc.) DIRECTOR: Poge please execute of work of work 21. I certify that Litook charge of the remains described above, held an Autopsy Inspection Inquiry and in my opin an the funeral director. deoth resulted from Natural couses - Accident Suicide (Homicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. FUNERAL O DEPUTY 5 EXAMINER'S -5 moy | TO FUNE Health NAME (Type) BURIA. CREMATION DATE THEREOF NAME OF COMEDERY OR CREMATORY LOCATION (City or Town) Burial (Specify) 10-10-66 Parklawn Cemetery Rockville Mary I Maryland 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR PUMPHREY. Bethesda, Maryland DANE OC. Miarles VR A15ME (5),~

6M 1/66





	Division of STATIS	TICAL RESEAI	RCH AND RECORDS, :	101 W. PRESTON STRI	ET, BALTIMORE, MARYL	AND 21201
1443	7		CERTIFICA	TE OF DEATH		14437 ^
PLACE OF DEATH						an Residence before admission)
o. COUNTY	MONTGOMERY		MARYLAND	o. STATE	b. COUN Y LAND	Montgomery
b CITY OR TOWN	If autside carparate innit d give nearest tawn)	5,	c LENGTH OF STAY IN Th		etside carparate limits, write RUF	(AL and give nearest tawn)
WITE KUKAL OF	OLNEY		4 DAYS	Roc	KVILLE	
d. NAME OF HOSPI	IAL OR INSTITUTION (If o	at in haspital, giv	re street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
MONTGO	MERY GENERA	L Hospi	TAL	13503 KEA	TING ST.	YES NO X
3 NAME OF	F	rst	Middle	Last	4 DATE Mont	h Day Year
DECEASED (Type or print)	R	LPH	CLIFTON	PHILLIPS	OF DEATH 10	
s. sex	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthdoy)	Months Days Hours Min.
MALE	WHITE	WIDOWED [DIVORCED	3-15-94	72 yrs	marins poly 11000 f mills.
On JSUAL OCCUPATION	N (Give kind of work dane		D OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT
	RETIRED	Blag	. Constructi	ON MARYLAN	0	COUNTRY? USA
3. FATHER S NAME	_			14. MOTHER'S MAIDEN		
EDWAR	D PHILLIPS			ADA SOU		
	ER IN U.S. ARMED FORCES? (If yesig ye, war ar dates		CIAL SECURITY NO. 13	MIS Miriam	A. Phillips Address	13503 Keating St Rookville. Md.
No	None	21	4-03-8646	KERKEKKKERE	BUDGET .	Rookville, Md.
18. CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY:	use per line for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
FART I. DEM	IMMEDIATE CAUSE	(a) ///	Tyorardio	1 sujuch	in, acity	4 (1.04)
420	1	10	/	1		U
Conditions, if any rise to immedia	to couse (a)	(b)				
stoting the unde	erlying couse	10				
lost.	,	(c)	ATTENDED NOT BELLETON	O Tor Teblinal micross co	INSTALL OFFICE DEPOS 15.1	19. WAS AUTOPSY
PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	PERFORMED? YES A NO
OR CONTRIBUTING	S UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	RIBE HOW INJURY OCCURRI	D. (Enter nature of injury in	Part I or Port II of item 18.)	
월 Heuro.	URY Month, Day, Year m. 19	20d INJ While at wark	Not While	LACE OF INJURY (Home, form actory, street, office bldg., etc.		(County) (State)
21. I cert	ify that (I) (this ha	spital) attend	ed the deceased fram	10/16	1966, to 10/ 2	
saw the d	leceased alive an_	13/40	19 <u>46</u> , and t	nat death accurred at	4:08 PM, fram couses	and an the date stated abov
22a. SIGNATURE	1- /	7		ATTEMBLES	MED. CTAFF	22b. DATE SIGNED

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit, then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or reseasely, and in any event, within 72 haurs after deapt. **DHOSPITAL OF ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

22c. PHYSICIAN'S NAME (Type) A .

BURIAL, CREMATION, REMOVAL (Specify)

Lincoln Cemetery

M.D.

22d. ADDRESS

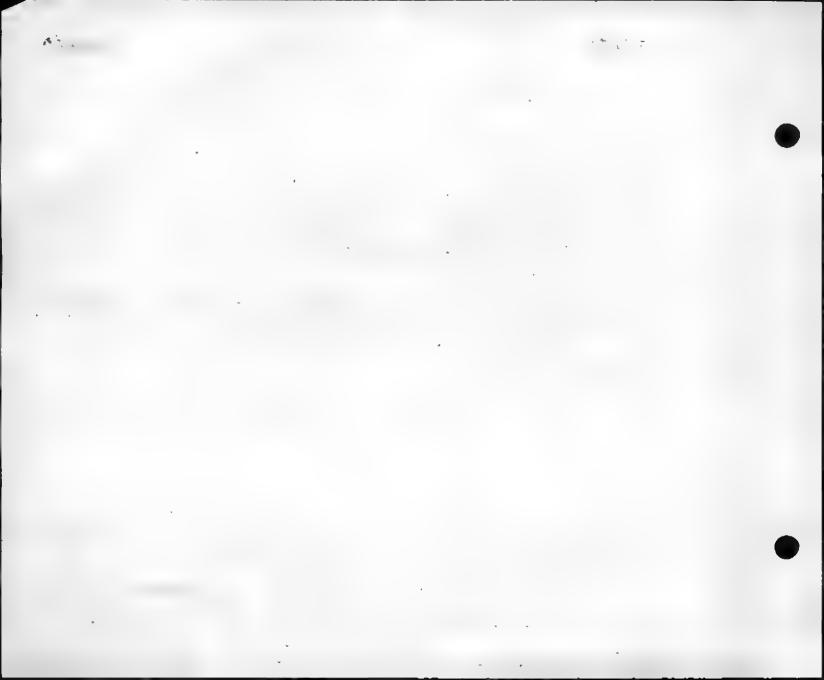
Georges

(State) (County) 0.,

Maryland

REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY



MARYLAND STATE DEPARTMENT OF HEALTH

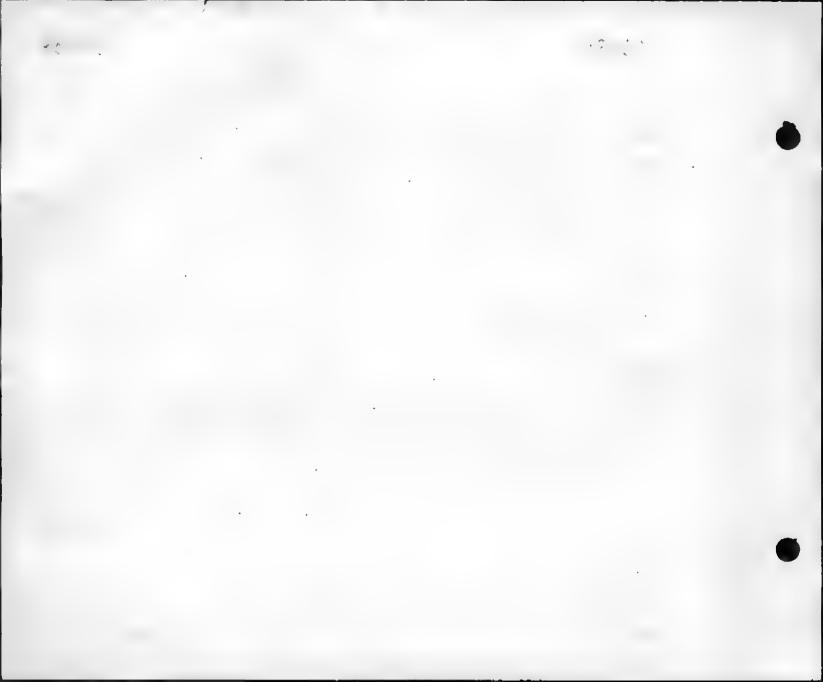
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14438

CERTIFICATE OF DEATH

14438

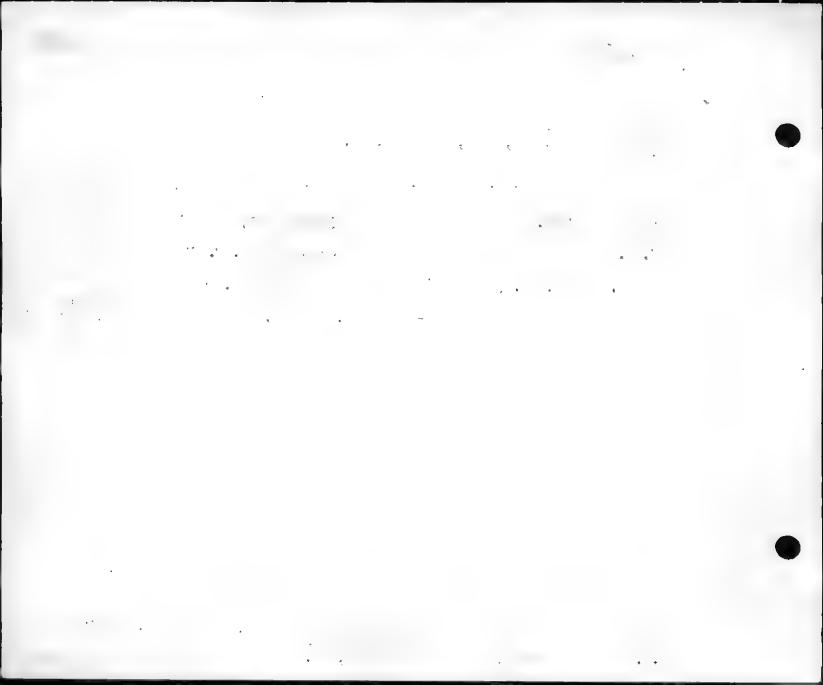
death and death		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	re befare admissian)
_ 5	1	a. COUNTY MONTGOMERY MARYLAND OSTATE Md. 6. COUNTY M	ONTG.
a sa #		b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
by the Pages	1-7	WITTER RURAL and give negrest town) ARK II days SILVER SPRING	15.1
hai in b irs. 2 ha		d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	e IS RESIDENCE
campletely filled in by the mave carbon papers. Pagany event, within 72 haurs of 10/10/66	V	VASHINGTON SANITARIUM + HOSP, 9105 WALDEN RD	ON A FARM? YES NO X
電子電		NAME OF First Middle Last 4. DATE Manth	Day Year
cuted within ampletely fine carban event, with		OF ANITA PIPER OF DEATH 10 -	10-1966
d se se de	5.	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years last pirthday) Manths	Dovs Hours Min
remain any		LE MY MIDOMED TX DIADREED T 8-13-86 80 ALE	
8 E	10a	in most of warfung life own of setup di	TZEN OF WHAT
	001	none NEW JERSEY	""" u.S.
~ ~ ~ ~	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
th certificate ling physicial Then please remayal, an		VON POPER LENA KELLER	2 .
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address	
atternit.	111	es, no, ar unknawn) (If yes give war ar dates af service)	
that the daath on. by the attellin ransit permit. cremation, arre		18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c))	INTERVAL BETWEEN
ta ta sum a		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Boronary insufficiency	ONSET AND DEATH
quires that physicion. signed by the outial-transition outial, cremo		47 A DUE TO	
physici physici signed burial-i burial-i		(anditions, if any, which gave) (b) arteriosclesosis	
ng pring pri		stating the underlying cause DUE TO MY A DATE OF C.	
law requires that and and physician. be some signed by it is the burial-transition to burial-transition.		lost. (c) tracture pathologica, left famous shaft	
9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
AN: That and in a the control of the	CERTIFICATION	Generalized carcinomalosis from preast.	YES NO
IAN: JAN: Jan: Jan: Jan: Jan: Jan: Jan: Jan: Jan	Ĕ	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED LEnter nature of injury in Part I or Part II of item 1B)	
Sycial Spirit Sp		OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Of Lall at home	
by the hospital offer this certifical be detached for State Dept. of He	MEDICAL		inty) (State)
오른 들음을 수	W.	Haur a m. While Not While at work at work of work School School School Spring	o Ind.
		21. I certify that (1) (this haspital) attended the deceased from 9-29-, 1966 to 10-100, 196	6 that (I) (we) last
Shed Rived W		saw the deceased alive an 10-10 1966, and that death accurred at 67.5 M, from causes and an the	ne date stated abave.
ITAL OR ATTENDED MAY be retained RAI DIRECTOR: A page 3 shauld be filed with the		226 SIGNATURE 2 / 226 DE	ATE SIGNED
08 08 08 08 08 08 08 08 08 08 08 08 08 0		Afterny (V faces or UV) M.D. PHYS LA DIRECTOR LA PHYS LA / E	1-11-66
AL DO		ZZc PHYSICIAN'S 22d. ADDRESS	e - 2 d
	_		Springme.
O HOSPITAL OR ATTENIAGE 4 may be retained to FUNIRAL DIRECTOR: A director, page 3 shauld shauld be filed with the	230	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
55 5 2 2 3 3 3 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	L	Burior (Rel. 13, 1466 arlington Northman arlington	Vargance
VR A15 (4)	3	A FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 1/25b. REGISTRAR'S SI	
20 M 1/66	1	withur Walters, 25% Carran ONW. LO C DATE OCT 13 1966 John	nes & -



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	ALE '	/	14435	MEDICAL EXAMI	MEK 2	CERTIFICATE	OF DEATI	1	7 4 7 6 ()
EALTH I	DEPT.	1	PLACE OF DEATH			2. USUAL RESIDENC	E (Where deceose	lived, f institution. R	esidence before odmission)
e d s	누근		o COUNTY	14.6	RYLAND	o. STATE	rvland	b. COUNTY	N760MERY
ay is 3 ta Page	tent af death.		b CITY OR TOWN (floutside corporate lim					m.ts, write RURAL or	nd dive peorest town)
y de	in d		write RURAL and give nearest town)	441.					a gira iradiasi lawij
2,5 g	partm ofter		Bethesda (Rural)	1			coma Par		e. IS RESIDENCE
±` E	De rs	N	avai Wedicai School	TINE PETIESCA	, Md.				ON A FARM?
atter death. It (8. Give Pages 1, alang with farm	ate Department af haurs after ceath.	E	uilding #144				Boston .		YES NO [
eat Pai	72	3	NAME OF DECEASED	First Middle		Lost	4 DATE OF	Month	Doy Year
fer di Give	with the within 7		(Type or print)	111am Bruc		PILITADIR	DEATH	October	29 19 66
atte Gerte	Att.	5	SEX 6 COLOR OR RACE	7 MARRIED NEVER MARRI	ED 🔲	8 DATE OF BIRTH	9		NDER I YEAR OF UNDER 24 HI
	2 ×		Male Cauc.	WIDOWED DIVORC	ED 🔲	3 April 1 BIRTHPLACE (SI	917	Lo yrs	110013
haurs Item I	land 2 v		o. USUAL OCCUPATION (Give kind of work don- ring most of working life, even if retired)	e 10b K ND OF BUSINESS OR INDUSTRY		BIRTHPLACE (SI	ote or foreign cou	ntry)	12 CIT ZEN OF WHAT COUNTRY?
24 in 15 is 0	_	a.	U. S. Navy	INDUSTRY		Gerrardst	own. W.	Virginia	USA
-	pages In any	13	FATHER S NAME			14 MOTHER'S MAIDE	NAME		
		127	arry M. Pitzer. Sr.	(DECEASED)		Mangar	et M. B	obonen	
m .≡	P up	- 17	WAS DECEASED EVER IN U.S. ARMED FORCES	2 16 SOCIAL SECURITY NO	17		fe)		on Avenue
e in Te	rait,	(es, no, or unknown) (If yes give, war or do les	02-7 570-18-5871					
execute ending" f Medical	ansit permit. ar remaval,	-	18. CAUSE OF DEATH (Enter only one co		411.8	a doyce Ha	Pitzer	Takoma P	ark, Meryland INTERVA, BETWEEN
e e beu	IST Te		PART I DEATH WAS CAUSED BY	C. 3 866	+ W	Alland -K. 13	50.17		Sanse Land Death
	burial-transit matian, ar re		IMMEDIATE CAUS	(0)		0 10			200000
shamld e ward o the C	a burial-tr		Conditions, if any, which gove	E TO					
r e to	ma ma		rise to immediate couse (n)	(b) F TO					
ate g th	0 e		storing the underlying couse						
	i as		lost.	(c)				(n. p. 65 h	The purchase
s certiticate s e, writing the farwarded to	used as	7 8	PART I OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT R	LATED TO	THE TERM NAL DISEASE	CONDITION G VEN	IN PART I(o)	19 WAS AUTOPSY PERFORMED?
this icate, be fa	o p	CERTIFICATION							YES 🔀 NO
	0 5	1	200 EXTERNAL CAUSE WAS PRIMARY CAUSE CONTRIBUTING	20b DESCRIBE HOW INJURY	OCCURRED	(Enter nature of injury	in Port I or Part I	l of item 18)	
rertifi ould es.	shaul t, price		CAUSE OF DEATH	Shot- self					
a a care	ige 3 sh agent,	MFDICAL	20c TIME OF INJURY Month, Doy Year	20d NJURY OCCURRED While Not While	20e PtA	CE OF INJURY (Home, for ory street, office bldg. e	orm 20f	(City or town)	(County) (State)
le t		2	400 pm. 10 29 19	of work of work	1001	ory siteet, bit te bidg e			
ecu Pag ar y	IRECTOR: P		21 I certify that a taak charg	ge of the remains described o	bave, he	ld an Autapsy 🔀	, Inspection	Inquiry	and in my apini
d f	9 0 0 0			ral causes 🔲 , Accident 🗌				letermined manne	
please direct retaine	REG			_			CAL EXAMINER		
please e directar	D ₹		SIGNATURE John &	. Ball -		M.D. ASSISTANT A	MEDICAL EXAMINER		22. DATE SIGNI
ry, erg be	RA or			6. BALL		DEPUTY MED	DICAL EXAMINER	× 10/30	/66
cessa e fun may	FUNERAL Polith or		NAME (Type)	6. GHCC		Address (Sti	reet, city, town, or	county)	,
necessary, the funera 5 may be	FUNE Health	23	O BURIAL, CREMATION, 236 DATE TO		AETERY OR	CREMATORY	23d LOC/	(TION (City or Town)	(County) (State)
= 5	21]	REMOVAL (Specify) 1//3/	1966 Arlingto	n Nat	conal Ceme	tery Ar	lington,	/irginia
			4 FUNERAL DIRECTOR	86550Geo	rgia .	Avenue 250 R	EC'D BY REGISTRA	25b REGISTR	AR S SIGNATURE
	15ME (5) 1766	1	W.W. Chambers Funer					1966 80	harles Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

·CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY District of Columbia Montgomery MARYLAND b CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) 7 hrs. 10 min. Washington Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 7 Sextant Green. S.W. Naval Hospital NO XX 3. NAME OF First Middle 4. DATE Last Month DECEASED POWELL Boy Baby (Type or print) DEATH S SEX B. DATE OF BIRTH 9 AGE (In years 1F UNDER 1 YEAR | IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Dovs Male Negro Oct. 23, 1966 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) N/A INDUSTRY N/A COUNTRY? Montgomery, Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John J. Powell Lillian Cromwell 17 INFORMANT Washington 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address D.C. (Yes por ar unknown) (If yes give mar ar dates of service) N/A Mr. John J. Powell. 7 Sextant Green. S.W. 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PAPT I DEATH WAS CAUSED BY.

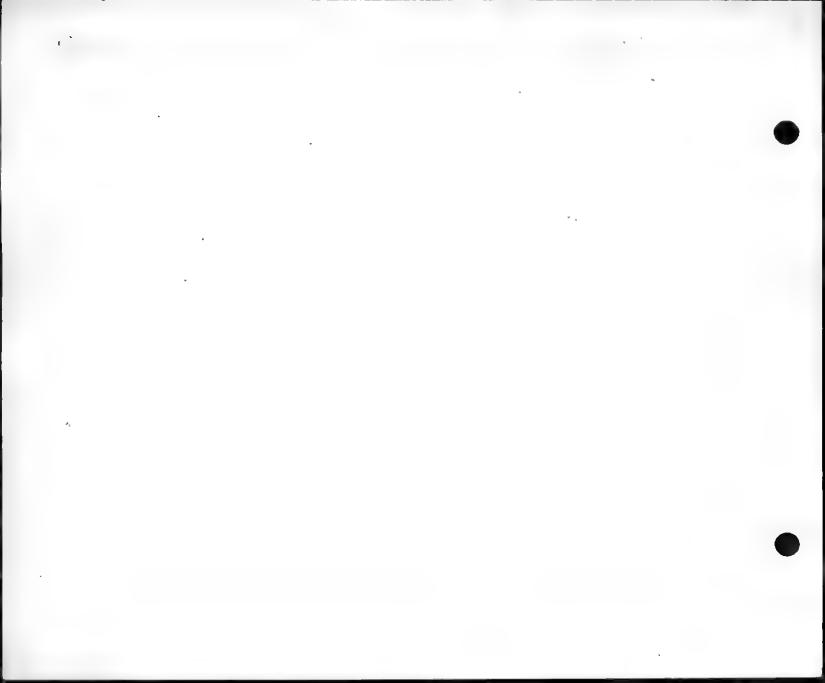
PAPT I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO F 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Manth, Day, Year 20e, PLACE OF INJURY (Home, form, (County) (State) Hour o.m. factory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (this haspital) attended the deceased from Oct. 23, 19,66, to Oct. 23, 19,66 that (this haspital) (we) last saw the deceased alive on Oct 123 19.66, and that deoth occurred at 710PM, from couses and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 25 October 1966 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) T. E. Kelly, M. Naval Hospital, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (Stote) (County) REMOVAL (Sperify) Arlington National Arlington, Virginia 25b. REGISTRAR'S SIGNATURE Chambers Co. 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR W. **ADDRESS** 1400 Chapin Street, N.W., Washington, D.C. DATE

requires that the death certificate be executed within 24 hours after death. campletely filled in by the funeral ave carbon papers. Pages Hand lease remave carbon papers. Pagand in any event, within 72 haurs signed by the attending by burial-transit permit. These burial, crematian, ar remava by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been be retained director, page 3 shauld shauld be filed with the

> VR A15 (4) 20 M 1/66

10- -.

Items 18&21 Film 382 11-1MARYLANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE Poge deoth State Department of MARYLAND ond 3 C. LENGTH OF STAY IN 16 2, u., PM3. P event within 72 hours ofter e. IS RESIDENCE ON A FARMS not in hospital, give street address) STREET ADDRESS form Item 18. Give Pages after death DATE along with 3. NAME OF Middle First ÔF DECEASED the Type or print) 19 DEATH with IF LIND FR 24 HRS В DATE OF BIRTH AGE (In years IF LINDER I YEAR MARRIED NEVER MARRIED butthday) Months Dovs WIDOWED DIVORCED ond 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13 FATHER S-NAME 14 MOTHERS MA DEN This certificate should be executed with.n peper 2 File pup ⊆ IS WAS DECLASED EVER IN U.S. ARMED FORCES?
(Yes, no. of Linknown) (If yes give war or dates at service) INFORMANT 16 SOCIAL SECURITY NO rd "pending" ir Chief Medical 1 permit. removol INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per me for (o), (b) and (c)) **burial-tronsit** PART I. DEATH WAS CAUSED BY: Uremia due to Chronic Renal þ Disease IMMEDIATE CAUSE (a) pleose execute the certificote, writing the ward I director. Poge 4 should be forworded to the Cl cremation, DUE TO Conditions, if any, which gove rise to immediate cause (o). DUE TO 0 stating the underlying cause Hypertensive cardiovascular disease last. S burial, 4 nseq WAS AUTOPSY PERFORMED? PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO pe agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part I of item 18.) 3 should PRIMARY C or CONTRIBUTING C O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH 20c TME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Æ Hour a.m. factory, street, office bldg., etc.) While Not While retoined for your FUNERAL DIRECTOR: Poge at work of work designoted 21. I certify that I took charge of the remains described above, held an Autopsy Inguiry and in my apinian funerol director. Noturol_couses X Undefermined monner deoth resulted from Suicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE pe necessary, 0 Heolth moy NAME (Type) the CRITICIAL REMATION 0 REMOVAL (Specify) MERAL DIRECTOR 66 VR A15ME (5) 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) COUNTY b. COUNTY Montgomeru ONTGOMERY MARYLAND CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b 3months - 13 day d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS Derrace ON A FARM? YES NO 2 NAME OF DATE Middle Day Year Month DECEASED DEATH (OC) Richard 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Days Haurs V WIDOWED DIVORCED 10b. KIND OF BUSINESS OF INDUSTRY LEEL 12. CITIZEN OF WHA! 11. BIRTHPLACE (County & State or foreign country) 10a USUA, OCCUPATION (Give kind of work done during most of yigrking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elam Address Perrage 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, na, or unknown) (If yes, give war ar dates of service 288-20-1886 No None Wheaton. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 10 4/2 DUE TO acres Canditians, if ony, which gove (b) rise to immediate cause (a). DUE TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION YES [NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) 20d INJURY OCCURRED 20e PLACE OF INJURY (Harne, farm, 20f (City or town) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Haur o.m. While Not While at wark 1966 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. Massey, 19 66, to. 1966, and that death accurred at 1 A M, from causes and an the date stated above. saw the deceased alive an 22a SIGNAVARE 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS DIRECTOR PHYS ADDRESS 22d. 22c PHYSICIAN'S 652 6982 NAME (Type) 420 w 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION, DATE THEREOF (County) (State) Niles. Ohio 1965 Union Cemetery Dotober 9 2Sa REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1966 Durnhagu

directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta O FUNERAL DIRECTOR: After this certificate Page 4 may b shauld VR A15 (4) 20 M 1/66

requires that the deadt capificate be executed within 24 hours after death.

and death

Pages

carbon

remave

please physician and

isigned by the attenting to burial-transit permit. The burial, crematian, or rema

be retained by the hospital ar attending physician

has been

in any

or remaya! hen

and completely filled in by the funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14443 CERTIFICATE OF DEATH 14443

1. PLACE OF DEATH II. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgowiete MARYLAND	a. STATE D. of C. b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and tive nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
MELLSKILDYANI.	Washington 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 44 CT ON A FARM?
Kensulaton Harries Hunguis	1809 - 20 5 Street, Th.W. YES NO NO
3. NAME OF FIRST Middle	Last 4. DATE Month Day Year
(Type or print) //EastorA	PESTON DEATH OCHER // 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Ist birthday) Months Days Hours Min.
January WIDOWED DIVORCED	august 21/1001 815 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLATE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
12 CATHERIC MASSE	Washington W.C. V.O.H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unfown) (If yes give war or dates of service)	INFORMAL! Address
110 SAILE DE DEATH (5-4-5)	A - HIPPAIGA PEPULPAL
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 1	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Corlema Stonalia	cerebral assailar
Conditions, If any, which	5 y s
gave rise to Immediate	0
cause (a), stating the DUE TO underlying cause last.	arterio actores = 20 1/2
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
C. Canto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	01.0
21. I certify that (I) (this hospital) attended the deceased from	The 1, 1964 to Och 11, 1966, that (1) (we) last
	death occurred at
22a. SIGNATURY	ATTENDING DE MED. STAFF 22b. DATE STEND
22c, PHYSICIAN'S M.D	
NAME (Type) 16 F Kreuzburg	7852 16 - S6 NW WORL 12 DC
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Crepholon Gel. 141766 Tool Lyll	All Trunce VErrors Cauly Met
24. FUNERAL DIRECTOR ADDRESS OST	7.W. 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNOTURE
JUMNIUMIENS Wishing of DE	DATE OCT 13 1956 Johnson Judge

VR AI5 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

14444

	1,	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)	
		MONTGONERY MARYLAND	D. BUSTATE MANAGEMENT D. COUNTY AVXX	XXXXXXXXXXXX	
٠,	-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)	
	3.	write RURAL and give nearest town)	Que an an an an Estat air in the	47.3	
	71	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		hington	
	garie.	The street address;	d. STREET ADDRESS 45 W St., N. W.	ON A FARM?	
100	12	IRLAND NESGHOHE 2101 FAIRLAND KD	<i><0.</i> 30009EX <i>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</i>	YES NO Y	
	3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year	
		(Type or print) WALTER J.	TROCTER STREATH ONTO BER	27 19 66	
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.	
	1	ALE WHITE WIDOWED VI DIVORCED IN	Dec. 28 1873 92. yrs. Months	Days Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
	dil	during most of working life, even if retired) INDUSTRY COUNTRY?			
	13.	13. FATHER'S NAME 14. MOTHER'S MAINE			
		MALTER DOOT TO			
	<u>VV</u>	WALTER PROCIER MOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) {(If yes give war or dates of service)}	THE DRMANT 705 Burnet Mills	Ct. S. S	
	No None 579-66-7500 TT Walter 2. Procter, 2r. Md.				
	I	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	,	INTERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / Leur at Effe	serve Course weekense	ONSET AND DEATH	
		003	^ ^	1	
		Conditions, if any, which	and Frelien	3 dous	
		gave rise to immediate	an / activity	70.	
		cause (a), stating the DUE TO			
	2	underlying cause last. (C)		Tag Jule All Topicy	
·	E I	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
-	10.	1 Nortale Resolver della ogg, Cypheles YES NO X			
	CERTIFICATION	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of Injury In Part I or Part II of Item 18.)			
	E . I				
	MEDICAL	2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)			
		Hour a.m. While Not while factory, street, office bldg., etc.)			
	Σ	N-24 / // // // //			
		21. I certify that (I) (this hospital) attended the deceased from Dept., 1966, to 2 1966, that (I) (we) last saw the deceased alive on 25 1966, and that death occurred at 3 M. from the causes and on the date stated above.			
		saw the deceased alive on 1906, and that death occurred at M, from the causes and on the date stated above.			
	П	ATTENDING MED. STAFF SIGNATURE			
		M.D. PHYS. DIRECTOR PHYS.			
		22c. PHYSICIATY'S NAME (Type) A R DIFFA			
	_	I Mora a Pork, Me			
		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
	Bu	Surial Oct. 24, 1969 Parklawn Cemetery Rockville, Maryland			
	24	FUNERAL DIRECTOR Clone & Wiso 8434 Georg	Aug 25a. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE	
1	ile	rner E. Pumphrey. Inc. Silver Spr	OCT) THE	was Just	
-	Mark Cop		CAUS. I PUT.		

VR AI5 (4) 20M 1/65

\$1414 ACTION TO AN ARTHUR AND A STATE OF THE PARTY The Late of the property of the same of th STRUMBURANCE STRUMBURANCE AND STRUMBURAN the state of the s AT THE PROPERTY OF THE BEST OF THE PARTY. during the terrangements present the many of the second Contraction of the second A STATE WATER The state of the state of the second of th and make the second to be a line of the